## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000005928

**Entity Name:** EASTMAN COMPANY

Address:

City-St-Zip:

FILED Apr 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 200 SOUTH WILCOX DRIVE 200 SOUTH WILCOX DRIVE KINGSPORT, TN 37660 KINGSPORT, TN 37662 **Current Mailing Address: New Mailing Address:** 200 SOUTH WILCOX DRIVE 200 SOUTH WILCOX DRIVE KINGSPORT, TN 37660 KINGSPORT, TN 37662 FEI Number: 62-1866008 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition HENRY, BRIAN L HENRY, BRIAN L Name: Name: 200 SOUTH WILCOX DRIVE 200 SOUTH WILCOX DRIVE Address: Address: City-St-Zip: KINGSPORT, TN 37660 City-St-Zip: KINGSPORT, TN 37662 PD Title: (X) Change ( ) Addition Title: ( ) Delete WOODMANSEE, DAVID A Name: COTEY, DAVID E Name: 200 SOUTH WILCOX DRIVE 200 SOUTH WILCOX DRIVE Address: Address: KINGSPORT, TN 37660 KINGSPORT, TN 37662 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete TR Name:

WATTS, MICHAEL WATTS, MICHAEL M Name: 200 SOUTH WILCOX DRIVE 200 SOUTH WILCOX DRIVE Address:

KINGSPORT, TN 37660 City-St-Zip: KINGSPORT, TN 37662

Title: () Delete Title: (X) Change ( ) Addition LEE, THERESA LEE, THERESA K Name: Name:

Address: 200 SOUTH WILCOX DRIVE Address: 200 SOUTH WILCOX DRIVE City-St-Zip: City-St-Zip: KINGSPORT, TN 37660 KINGSPORT, TN 37662

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN L. HENRY S 04/25/2008