

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90153 035 ***150.00

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1. Entity Name
 POLAROID CORPORATION

Principal Place of Business
 1265 MAIN ST.
 WALTHAM, MA 02451

Mailing Address
 1265 MAIN ST.
 WALTHAM, MA 02451

2. Principal Place of Business - No P.O. Box #
 300 BAKER Avenue
 Suite, Apt. #, etc.
 Suite 330

3. Mailing Address
 300 BAKER Avenue
 Suite, Apt. #, etc.
 Suite 330

City & State
 Concord, MA

City & State
 Concord, MA

Zip
 01742-2131

Country
 US

Zip
 01742-2131

Country
 US

04232008 Chg-P CR2E034 (12/06)

4. FEI Number
 22-3856546

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPT	<input type="checkbox"/> Delete
NAME	MCDONOUGH, ROBERT J	
STREET ADDRESS	1265 MAIN ST	
CITY-ST-ZIP	WALTHAM, MA 024511743	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOYD, WILLIAM M III	
STREET ADDRESS	1265 MAIN ST.	
CITY-ST-ZIP	WALTHAM, MA 019041743	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BEAUDOIN, THOMAS	
STREET ADDRESS	1265 MAIN ST.	
CITY-ST-ZIP	WALTHAM, MA 024511743	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BAER, DAVID E	
STREET ADDRESS	1265 MAIN ST.	
CITY-ST-ZIP	WALTHAM, MA 024511743	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 BAKER Avenue Suite 330	
CITY-ST-ZIP	Concord, MA 01742-2131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 BAKER Avenue Suite 330	
CITY-ST-ZIP	Concord, MA 01742-2131	
TITLE	P CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 BAKER Avenue Suite 330	
CITY-ST-ZIP	Concord MA 01742-2131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4400 BAKER Road	
CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colleen S Greenpa	
STREET ADDRESS	4400 BAKER Road	
CITY-ST-ZIP	Minnetonka, MN 55343	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] APR. 29, 2008 Date (781)356-2000 Daytime Phone #