

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2008 90153 034 ***150.00

DOCUMENT # F03000000992

1. Entity Name
POLAROID LATIN AMERICA I CORPORATION



Principal Place of Business
3750 N.W. 87TH AVENUE, SUITE 280
MIAMI, FL 33178

Mailing Address
1265 MAIN ST
WALTHAM, MA 02451-1743

00001111



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

300 BAKER AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 330

City & State

City & State

Concord, MA 01742-2131

Zip

Country

Zip

Country

01742-2131

US

04232008

Chg-P

CR2E034 (12/06)

4. FEI Number

61-1419541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BEAUDOIN, THOMAS L
STREET ADDRESS 1265 MAIN STREET
CITY-ST-ZIP WALTHAM, MA 02451

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 300 BAKER AVENUE SUITE 330
CITY-ST-ZIP CONCORD, MA 01742-2131

TITLE VP ☒ Delete
NAME BAER, DAVID
STREET ADDRESS 1265 MAIN ST
CITY-ST-ZIP WALTHAM, MA 024511743

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE TS ☐ Change ☒ Addition
NAME ROBERT J. McDONOUGH
STREET ADDRESS 300 BAKER AVENUE SUITE 330
CITY-ST-ZIP CONCORD, MA 01742-2131

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE VPAS ☐ Change ☒ Addition
NAME WILLIAM M. BOYD III
STREET ADDRESS 300 BAKER AVENUE
CITY-ST-ZIP CONCORD, MA 01742-2131

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2008

Date

(281) 356-1000

Daytime Phone #