2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2011
Secretary of State

DOCUMENT# F03000001503

Entity Name: IMATION LATIN AMERICA CORP.

Current Principal Place of Business:

1 IMATION WAY
OAKDALE, MN 55128

New Principal Place of Business:

Current Mailing Address:

1 IMATION WAY
OAKDALE, MN 55128

New Mailing Address:

FEI Number: 06-1685167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DIRE
Name: RUSSOMANNO, FRANK
Address: 1 IMATION WAY
City-St-Zip: OAKDALE, MN 55128

Title: CFO
Name: ZELLER, PAUL R
Address: 1 IMATION WAY
City-St-Zip: OAKDALE, MN 55128

Title: SECR
Name: SULLIVAN, JOHN L
Address: 1 IMATION WAY
City-St-Zip: OAKDALE, MN 55128

Title: TREA
Name: ZHENG, DANNY
Address: 1 IMATION WAY
City-St-Zip: OAKDALE, MN 55128

Title: PRES
Name: LUCAS, MARK S
Address: 1 IMATION WAY
City-St-Zip: OAKDALE, MN 55128

Title: VP
Name: ROBINSON, SCOTT
Address: 1 IMATION WAY
City-St-Zip: OAKDALE, MN 55128

I hereby 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 all other like empowered.

SIGNATURE: SCOTT ROBINSON VP 04/12/2011

Electronic Signature of Signing Officer or Director — Date