

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90451 006 ***150.00

DOCUMENT # F04000001246 1. Entity Name KODAK VERSAMARK, INC.					
Principal Place of Business 3000 RESEARCH BLVD. DAYTON, OH 45420			Mailing Address 3414 N DUKE STREET, 1ST FLOOR ATTN: TAX DEPT DURHAM, NC 27704		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 52-2419569	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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	
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, 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, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	D	NAME HICKEY, LAURENCE	<input checked="" type="checkbox"/> Delete	TITLE	D
STREET ADDRESS		343 STATE ST		NAME	James Langley
CITY-ST-ZIP		ROCHESTER, NY 14650		STREET ADDRESS	343 State St
				CITY-ST-ZIP	Rochester NY 14650
TITLE		CEO	<input checked="" type="checkbox"/> Delete	TITLE	P
NAME		LANGLEY, JAMES		NAME	Isidre Rosello
STREET ADDRESS		343 STATE ST		STREET ADDRESS	3000 Research Blvd
CITY-ST-ZIP		ROCHESTER, NY 14650		CITY-ST-ZIP	Dayton OH 45420
TITLE		P	<input checked="" type="checkbox"/> Delete	TITLE	AT
NAME		SHAMIR, NACHUM		NAME	Richard J. Veith
STREET ADDRESS		3000 RESEARCH BLVD.		STREET ADDRESS	343 State St
CITY-ST-ZIP		DAYTON, OH 45420		CITY-ST-ZIP	Rochester NY 14650
TITLE		S	<input type="checkbox"/> Delete	TITLE	
NAME		HICKEY, LAURENCE L		NAME	
STREET ADDRESS		343 STATE ST		STREET ADDRESS	
CITY-ST-ZIP		ROCHESTER, NY 14650		CITY-ST-ZIP	
TITLE		T	<input type="checkbox"/> Delete	TITLE	
NAME		LOVE, WILLIAM G		NAME	
STREET ADDRESS		343 STATE ST		STREET ADDRESS	
CITY-ST-ZIP		ROCHESTER, NY 14650		CITY-ST-ZIP	
TITLE		AS	<input type="checkbox"/> Delete	TITLE	
NAME		UNDERBERG, SHARON E		NAME	
STREET ADDRESS		343 STATE ST		STREET ADDRESS	
CITY-ST-ZIP		ROCHESTER, NY 14650		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: <i>Lynn W. Place</i> <i>Lynn W. Place</i> <i>4/19/06</i> <i>(919) 382-6479</i>					