

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F92000000442 (5)**

1. Corporation Name

**KODAK EXPORT LIMITED INCORPORATED**



Principal Place of Business <b>6100 BLUE LAGOON DR MIAMI FL 33126 US</b>	Mailing Address <b>ATTN: CORPORATE TAX DEPT. 343 STATE STREET ROCHESTER NY 14650-0904 US</b>	3. Date Incorporated or Qualified <b>12/01/1992</b>	3a. Date of Last Report <b>04/27/1995</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>65-0253589</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of individual or person authorized to register agent or the corporation (P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS GILES, WALTER F. 343 STATE STREET ROCHESTER NY</b> <input type="checkbox"/> DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	<b>AS PARKER, PAUL A. 343 STATE STREET ROCHESTER, NY 14650</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT SCHMEIDEL, CARY G 343 STATE ST ROCHESTER NY</b> <input type="checkbox"/> DELETE	2. TITLE 3. NAME 4. STREET ADDRESS 5. CITY-ST-ZIP	<b>AT DOBLES, JUDITH A. 343 STATE STREET ROCHESTER, NY 14650</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD VAN GRAAFEILAND, GARY P 343 STATE ST ROCHESTER NY</b> <input type="checkbox"/> DELETE	3. TITLE 4. NAME 5. STREET ADDRESS 6. CITY-ST-ZIP	<b>V/S HAAG, JOYCE P. 343 STATE STREET ROCHESTER, NY 14650</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CHEN, CESAR 6100 BLUE LAGOON DRIVE MIAMI FL</b> <input type="checkbox"/> DELETE	4. TITLE 5. NAME 6. STREET ADDRESS 7. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROBERTS, WILLIAM L. 6100 BLUE LAGOON DRIVE MIAMI FL</b> <input type="checkbox"/> DELETE	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6. TITLE 7. NAME 8. STREET ADDRESS 9. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith A. Dobles 4/18/96 724-5739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JUDITH A. DOBLES, ASSISTANT TREASURER

CR2E034 (12/95)

**KODAK CENTRAL AMERICAN &  
CARIBBEAN EXPORT OPERATION, LTD.**

**SCHEDULE OF OFFICERS**

**JANUARY 1, 1996**

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>ADDRESS</u></b>
Roberts, William L.	President	6100 Blue Lagoon Drive Miami, FL 33126
Haag, Joyce P.	Vice President/ Secretary	343 State Street Rochester, NY 14650
Chen, Cesar	Treasurer	6100 Blue Lagoon Drive Miami, FL 33126
Parker, Paul A.	Assistant Secretary	343 State Street Rochester, NY 14650
Dobles, Judith A.	Assistant Treasurer	343 State Street Rochester, NY 14650

Note: Term Expires - Second Tuesday in June

**KODAK CENTRAL AMERICAN &  
CARIBBEAN EXPORT OPERATION, LTD.**

**SCHEDULE OF DIRECTORS**

**JANUARY 1, 1996**

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>
Haag, Joyce P.	343 State Street Rochester, NY 14650

Note: Term Expires - Second Tuesday in June