


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # F92000000442 (5) 1. Corporation Name KODAK CENTRAL AMERICAN AND CARIBBEAN EXPORT OPER ATION LTD., INCORPORATED | | |
| Principal Place of Business 6100 BLUE LAGOON DR MIAMI FL 33126 US | | Mailing Address ATTN: CORPORATE TAX DEPT. 343 STATE STREET ROCHESTER NY 14650-0904 US |



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 12/01/1992 | |
| 4. FEI Number 65-0253589 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. \$5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | | | 84 City | |
| 85 FL | | | | 86 Zip Code | |

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | AS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEARLMAN, MICHAEL A. | 1.2 NAME | |
| STREET ADDRESS | 343 STATE STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY | 1.4 CITY-ST-ZIP | |
| TITLE | AT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POLLOCK, DAVID M. | 2.2 NAME | |
| STREET ADDRESS | 343 STATE ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY | 2.4 CITY-ST-ZIP | |
| TITLE | VS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAAG, JOYCE P. | 3.2 NAME | |
| STREET ADDRESS | 343 STATE ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHEN, CESAR | 4.2 NAME | |
| STREET ADDRESS | 6100 BLUE LAGOON DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KING, GEORGE M. | 5.2 NAME | |
| STREET ADDRESS | 6100 BLUE LAGOON DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, on an attachment with an address.

SIGNATURE:

David M. Pollock

4/6/98

(716) 724-5197

CR2E034 (10/97)

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

SCHEDULE OF OFFICERS

JANUARY 1, 1998

| <u>NAME</u> | <u>TITLE</u> | <u>ADDRESS</u> |
|----------------------|------------------------------|---|
| King, George M. | President | 6100 Blue Lagoon Drive Miami, FL 33126 |
| Seidenthal, Waldir | Vice President | Non-US |
| Haag, Joyce P. | Vice President/ Secretary | 343 State Street Rochester, NY 14650 |
| Chen, Cesar | Treasurer | 6100 Blue Lagoon Drive Miami, FL 33126 |
| Pearlman, Michael A. | Assistant Secretary | 343 State Street Rochester, NY 14650 |
| Pollock, David M. | 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, 1998

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

Note: Term Expires - Second Tuesday in June