

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

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Mar 17 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002351 (4)**

1. Corporation Name  
**KODAK SERVICES, INC.**



Principal Place of Business <b>343 STATE ST. ROCHESTER NY 14650-0904 US</b>	Mailing Address <b>343 STATE ST. ROCHESTER NY 14650-0001 US</b>
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3. Date Incorporated or Qualified <b>05/06/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>16-1446037</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRODER, RONALD A	1.2 NAME	REDON, LEONARD E.
STREET ADDRESS	343 STATE ST	1.3 STREET ADDRESS	343 STATE STREET
CITY - ST - ZIP	ROCHESTER NY	1.4 CITY - ST - ZIP	ROCHESTER, NY 14650
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERN, RONALD R	2.2 NAME	
STREET ADDRESS	343 STATE ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY	2.4 CITY - ST - ZIP	
TITLE	S <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 checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIGREN, DAVID L	4.2 NAME	GREENE, JESSE J., JR.
STREET ADDRESS	343 STATE ST	4.3 STREET ADDRESS	343 STATE STREET
CITY - ST - ZIP	ROCHESTER NY	4.4 CITY - ST - ZIP	ROCHESTER, NY 14650
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, ROBERT T	5.2 NAME	
STREET ADDRESS	45 TREVOR CT.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY 14610	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 do 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 included 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: \_\_\_\_\_ Date: 3/7/97 (716) 724-2595

CR2E034 (9/96)

**KODAK SERVICES, INC.**  
**SCHEDULE OF OFFICERS**  
**JANUARY 1, 1997**

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>ADDRESS</u></b>
Redon, Leonard E.	President	343 State Street Rochester, NY 14650
Bern, Ronald R.	Vice President	343 State Street Rochester, NY 14650
Haag, Joyce P.	Secretary	343 State Street Rochester, NY 14650
Greene, Jesse J., Jr.	Treasurer	343 State Street Rochester, NY 14650
Underberg, Sharon E.	Assistant Secretary	343 State Street Rochester, NY 14650
Pollock, David M.	Assistant Treasurer	343 State Street Rochester, NY 14650

Note: Term Expires - Indefinite

**KODAK SERVICES, INC.**  
**SCHEDULE OF DIRECTORS**  
**JANUARY 1, 1997**

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>
Redon, Leonard E.	343 State Street Rochester, NY 14650

Note: Term Expires - Indefinite