2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# F96000002620

Entity Name: IMATION ENTERPRISES CORP.

Current Principal Place of Business:

1 IMATION PL
OAKDALE, MN 55128

New Principal Place of Business:

Current Mailing Address:

1 IMATION PL
DISCOVER 2D-05
OAKDALE, MN 55128 US

New Mailing Address:

FEI Number: 41-1838502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HENDERSON, BRUCE A
Address: 1 IMATION PL
City-St-Zip: OAKDALE, MN 55128

Title: S ( ) Delete
Name: SULLIVAN, J.L.
Address: 1 IMATION PL
City-St-Zip: OAKDALE, MN 55128

Title: AS ( ) Delete
Name: HUMISTON, KATHLEEN
Address: 1 IMATION PLACE
City-St-Zip: OAKDALE, MN 55128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: RUSSOMANNO, FRANK
Address: 1 IMATION PL
City-St-Zip: OAKDALE, MN 55128

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change ( ) Addition
Name: BOROWSKI, MICHAEL
Address: 1 IMATION PLACE
City-St-Zip: OAKDALE, MN 55128

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL BOROWSKI AS 01/15/2008

Electronic Signature of Signing Officer or Director — Date