

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003390

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: IMATION CORP.

## Current Principal Place of Business:

ONE IMATION PLACE  
OAKDALE, MN 55128

## New Principal Place of Business:

## Current Mailing Address:

ONE IMATION PLACE  
DISCOVERY 2D-05  
OAKDALE, MN 55128 US

## New Mailing Address:

FEI Number: 41-1838504      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: PCD ( ) Delete  
Name: HENDERSON, BRUCE A  
Address: ONE IMATION PLACE  
City-St-Zip: OAKDALE, MN 55128

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

Title: VP ( ) Delete  
Name: ZELLER, PAUL  
Address: ONE IMATION PLACE  
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: ONE IMATION PLACE  
City-St-Zip: OAKDALE, MN 55128

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

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