

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 11 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MA98000000065

1. Limited Liability Company's Name

Kodak Polychrome Graphics LLC

800005171618--3
-03/27/02--01038--028
*****50.00 *****50.00

2. Principal Office Address

401 Merritt 7

Suite, Apt. #, etc.

3. Mailing Office Address

401 Merritt 7

Suite, Apt. #, etc.

City & State

Norwalk CT

Zip

06851

Country

USA

City & State

Norwalk CT

Zip

06851

Country

USA

4. State/Country of Formation

Delaware USA

5. Date Organized or Qualified
To Do Business in Florida

12/31/97

6. FEI Number

22-3556948

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

c/o CT Corporation 1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

800005171618--3

-03/27/02--01038--029

*****150.00 *****150.00

see attached list of
managers

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Date

1/28/02

Daytime Phone #

(203)

845-7124

Typed or printed name of signing Managing Member/Manager

Robert J. Tubbs, Vice President & General Counsel

CR2E041 (9/01)

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EXHIBIT A

Managers
Kodak Polychrome Graphics
401 Merritt 7
Norwalk, CT 06851
(203) 845-7000

Jeffrey Jacobson	Chief Executive Officer
Andrew P. Copley	President, Americas Senior Corporate Vice President, Kodak Polychrome Graphics
Jeffrey A. Cook	Vice President & Chief Financial Officer
Robert J. Tubbs	Vice President, General Counsel & Secretary
Peter U. Blum	President, Europe Senior Corporate Vice President, Kodak Polychrome Graphics
Dr. Edmund B. Piccolino	Vice President, Chief Personnel Officer