

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90206 031 \*\*\*\*50.00

**DOCUMENT # M98000000065**

1. Entity Name  
KODAK POLYCHROME GRAPHICS LLC



Principal Place of Business  
401 MERRITT 7  
NORWALK, CT 06851

Mailing Address  
401 MERRITT 7  
NORWALK, CT 06851

44004970



01072004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3556948

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	JACOBSON, JEFFREY
STREET ADDRESS	401 MERRITT 7
CITY-ST-ZIP	NORWALK, CT 06851
TITLE	MGR
NAME	COPLEY, ANDREW P
STREET ADDRESS	401 MERRITT 7
CITY-ST-ZIP	NORWALK, CT 06851
TITLE	MGR
NAME	COOK, JEFFREY A
STREET ADDRESS	401 MERRITT 7
CITY-ST-ZIP	NORWALK, CT 06851
TITLE	MGR
NAME	TUBBS, ROBERT J
STREET ADDRESS	401 MERRITT 7
CITY-ST-ZIP	NORWALK, CT 06851
TITLE	MGR
NAME	BLUM, PETER U
STREET ADDRESS	AXIS 1, RHODES WAY
CITY-ST-ZIP	WATFORD HERTFORDSHIRE, UK,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*David Lam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/26/04 203-845-7156

Date

Daytime Phone #