

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 16 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P19839*

1. Corporation Name

Bell & Howell Imaging Company

2. Principal Office Address

8600 Bryn Mawr

3. Mailing Office Address

Suite, Apt. #, etc.

8th Floor

Suite, Apt. #, etc.

City & State

Chicago, IL

City & State

Zip

60631

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-27-88

5. FEI Number

36-3580101

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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***750.00 ***750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Claudia L. Saar
REGISTERED AGENT MUST SIGN

Asst. Secretary

Date

11/15/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	<i>See Attached</i>		

REINSTATEMENT *01* *18*

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

William G. Love
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-01

Date

(716) 781-5039

Daytime Phone #

CR2001 (9/00)

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**CustomerFirst service & support, Inc.
Eastman Kodak Company
(Formerly Bell & Howell Imaging Company)
FEIN# 36-3580101
LIST OF OFFICERS & DIRECTORS**

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
Dolores K. Traxler c/o Eastman Kodak Company 343 State Street Rochester, New York 14650-0904	President
Martin H. Evans CustomerFirst service & support, Inc. 3400 West Pratt Avenue Lincolnwood, IL 60712	Vice President
Steven D. Kasiske c/o Eastman Kodak Company 343 State Street Rochester, New York 14650-0904	Vice President, Finance
William G. Love c/o Eastman Kodak Company 343 State Street Rochester, New York 14650-0904	Treasurer
Joyce P. Haag c/o Eastman Kodak Company 343 State Street Rochester, New York 14650-0904	Secretary & Director
Laurence L. Hickey c/o Eastman Kodak Company 343 State Street Rochester, New York 14650-0904	Assistant Secretary