

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819239

Entity Name: EASTMAN KODAK COMPANY

Current Principal Place of Business:

343 STATE STREET
ROCHESTER, NY 14650

Current Mailing Address:

343 STATE STREET
CORPORATE TAX DEPARTMENT
ROCHESTER, NY 14650 US

FEI Number: 16-0417150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title TREASURER
Name EBERSOLD, MATTHEW
Address 343 STATE STREET
City-State-Zip: ROCHESTER NY 14650

Title SENIOR VICE PRESIDENT
Name TABER, TERRY R
Address 343 STATE STREET
City-State-Zip: ROCHESTER NY 14650

Title DIRECTOR, CFO
Name JAMES, V CONTINENZA
Address 343 STATE STREET
City-State-Zip: ROCHESTER NY 14650

Title CONTROLLER
Name RICHARD , MICHAELS
Address 343 STATE STREET
City-State-Zip: ROCHESTER NY 14650

Title DIRECTOR
Name NEW, JASON
Address 1100 PARK AVENUE, APT 4A
City-State-Zip: NEW YORK NY 10128

Title CFO
Name BULLWINKLE, DAVID E
Address 343 STATE STREET
City-State-Zip: ROCHESTER NY 14650

Title VP
Name VANDAFRIFF, RANDY D
Address 343 STATE STREET
City-State-Zip: ROCHESTER NY 14650

Title SECRETARY, VP
Name BYRD, ROGER W
Address 343 STATE STREET
City-State-Zip: ROCHESTER NY 14650

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: ROGER W BYRD

SECRETARY

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KATZ, PHILIPPE D.
Address 343 STATE STREET
City-State-Zip: ROCHESTER NY 14650

Title DIRECTOR
Name LYNCH, KATHLEEN B
Address 343 STATE STREET
City-State-Zip: ROCHESTER NY 14650

Title DIRECTOR
Name SILECK, JR., MICHAEL E
Address 343 STATE STREET
City-State-Zip: ROCHESTER NY 14650

Title DIRECTOR
Name GOLISANO, B. THOMAS
Address 343 STATE STREET
City-State-Zip: ROCHESTER NY 14650

Title DIRECTOR
Name RICHMAN, DARREN L
Address 343 STATE STREET
City-State-Zip: ROCHESTER NY 14650