

1.) CORPORATION NAME:

EASTMAN KODAK COMPANY

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F0189052**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	950,000,000
PREFER	100,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 343 STATE ST

CITY/ST/ZIP: ROCHESTER, NY 14650

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DOUGLAS J. EDWARDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	343 STATE ST		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14650		
NAME:	MICHAEL A. KORIZNO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3003 SUMMIT BLVD, STE 1100		
CITY/ST/ZIP/CO:	ATLANTA, VA		
NAME:	BRAD W. KRUCTEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	343 STATE ST		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14650		
NAME:	JOHN O'GRADY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	29 ROUTE DE PRE-BOIS		
CITY/ST/ZIP/CO:	, , FN		
NAME:	GUSTAVO OVIEDO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	343 STATE ST		
CITY/ST/ZIP/CO:	ROCHESTER, VA		
NAME:	PATRICK M. SELLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	343 STATE ST		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14650		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY R. TABER SENIOR VP 1999 LAKE AVE ROCHESTER, NY 14650	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIM E. VANGELDER VICE PRESIDENT 343 STATE ST ROCHESTER, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM G. LOVE TREASURER 343 STATE ST ROCHESTER, NY 14650	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REBECCA ROOF CFO 343 STATE STREET ROCHESTER, NY 14650	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC SAMUELS CONTROLLER 343 STATE ST ROCHESTER, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK M. SELLER SECRETARY 343 STATE ST ROCHESTER, NY 14650	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN M. WYLIE ASST SECRETARY 343 STATE ST ROCHESTER, NY 14650	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES V CONTINENZA CHAIRMAN 17715 KINGBURY CIRCLE LAKEVILLE, MN 55044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM G. PARRETT DIRECTOR 433 COUNTRY CLUB RD W NEW CANNAN, VA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY J CLARKE PRESIDENT 343 STATE STREET ROCHESTER, NY 14650	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC-YVES MAHE VICE PRESIDENT 343 STATE STREET ROCHESTER, NY 14650	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: MARK S BURGESS TITLE: DIRECTOR ADDRESS: 12 IVEY TRACE COURT CITY/ST/ZIP/CO: COCKEYSVILLE, MD 21030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MATTHEW A DOHENY TITLE: DIRECTOR ADDRESS: 65 HIGH STREET CITY/ST/ZIP/CO: ALEXANDRIA BAY, NY 13607	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN A JANITZ TITLE: DIRECTOR ADDRESS: 44474 BROADMOOR BLVD CITY/ST/ZIP/CO: NORTHVILLE, MI 48168	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE KARFUNKEL TITLE: DIRECTOR ADDRESS: 1871 52 STREET CITY/ST/ZIP/CO: BROOKLYN, NY 11204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JASON NEW TITLE: DIRECTOR ADDRESS: 1100 PARK AVE APT A CITY/ST/ZIP/CO: NEW YORK , NY 10128	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEREK SMITH TITLE: DIRECTOR ADDRESS: 280 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ PATRICK M. SHELLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICK M. SHELLER, SENIOR VP PRINTED NAME AND CORPORATE TITLE	5/12/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		