

1.) CORPORATION NAME:

Carestream Health, Inc.

DUE DATE: **2/29/2012**

SCC ID NO: **F1696386**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

REGISTERED AGENT SOLUTIONS, INC.

7288 HANOVER GREEN DRIVE

MECHANICSVILLE, VA 23111

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 VERONA ST

CITY/ST/ZIP: ROCHESTER, NY 14608-

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: KEVIN J HOBERT
TITLE: PRESIDENT
ADDRESS: 150 VERONA STREET
CITY/ST/ZIP/CO: ROCHESTER, NY 14608-

OFFICER

DIRECTOR

NAME: JOSEPH F DOOLEY
TITLE: DIRECTOR
ADDRESS: 150 VERONA STREET
CITY/ST/ZIP/CO: ROCHESTER, NY 14608-

OFFICER

DIRECTOR

NAME: JAMES KELLY
TITLE: DIRECTOR
ADDRESS: 150 VERONA STREET
CITY/ST/ZIP/CO: ROCHESTER, NY 14608-

OFFICER

DIRECTOR

NAME: WALT LINSOTT
TITLE: SECRETARY
ADDRESS: 150 VERONA STREET
CITY/ST/ZIP/CO: ROCHESTER, NY 14608-

OFFICER

DIRECTOR

NAME: ROBERT BAUMGARTNER
TITLE: DIRECTOR
ADDRESS: 150 VERONA ST
CITY/ST/ZIP/CO: ROCHESTER, NY 14608-

OFFICER

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.

<u>/s/ WALT LINSKOTT</u>	<u>WALT LINSKOTT, SECRETARY</u>	<u>2/27/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.