

1.) CORPORATION NAME:

Carestream Health, Inc.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REGISTERED AGENT SOLUTIONS, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1696386**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	150 VERONA STREET		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14608		
NAME:	WALT LINSOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	150 VERONA STREET		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14608		
NAME:	ROBERT BAUMGARTNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 VERONA ST		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14608		
NAME:	JOSEPH F DOOLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 VERONA STREET		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14608		
NAME:	JAMES KELLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 VERONA STREET		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14608		
NAME:	WILLIAM SANGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 VERONA STREET		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14608		

NAME: MICHAEL SMITH TITLE: DIRECTOR ADDRESS: 150 VERONA STREET CITY/ST/ZIP/CO: ROCHESTER, NY 14608	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT LE BLANC TITLE: DIRECTOR ADDRESS: 150 VERONA STREET CITY/ST/ZIP/CO: ROCHESTER, NY 14608	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELIOT SIEGEL TITLE: DIRECTOR ADDRESS: 150 VERONA STREET CITY/ST/ZIP/CO: ROCHESTER, NY 14608	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT HAFT TITLE: DIRECTOR ADDRESS: 150 VERONA STREET CITY/ST/ZIP/CO: ROCHESTER, NY 14608	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: A. BARRY CANIPE TITLE: VICE PRESIDENT ADDRESS: 150 VERONA STREET CITY/ST/ZIP/CO: ROCHESTER, NY 14608	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANN SVOBODA TITLE: TREASURER ADDRESS: 150 VERONA STREET CITY/ST/ZIP/CO: ROCHESTER, NY 14608	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOSEPH RUH TITLE: ASST SECRETARY ADDRESS: 150 VERONA STREET CITY/ST/ZIP/CO: ROCHESTER, NY 14608	<input checked="" type="checkbox"/> OFFICER	<input 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/ JOSEPH RUH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH RUH, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/12/2013 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.		