



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 548349		2. Name of Corporation Mobile Products, Inc.			
3. Street Address Principal Business Office 401 Capacity Drive			City Longview	State TX	Zip 75604
4. Business Phone No. (903) 759-0610		5. State of Incorporation Kansas			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Phillip Ford			Vice President Name none		
Street Address 401 Capacity Drive			Street Address		
City Longview	State TX	Zip 75604	City	State	Zip
Secretary Name none			Treasurer Name John Becker		
Street Address			Street Address 15 Compound Drive		
City	State	Zip	City Hutchinson	State KS	Zip 67502
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kenneth Dabrowski			Director Name John Becker		
Street Address 15 Compound Drive			Street Address 15 Compound Drive		
City Hutchinson	State KS	Zip 67502	City Hutchinson	State KS	Zip 67502
Director Name John Quicke			Director Name Kenneth Kermes		
Street Address 15 Compound Drive			Street Address 15 Compound Drive		
City Hutchinson	State KS	Zip 67502	City Hutchinson	State KS	Zip 67502
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 0	Class/Series 0	Par Value 0
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date
FEB 22 2011

Check No.
79817

By: **BY**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature
Phillip Ford

Date

Print or Type Name
President

Title