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.	2. Name of Corporation			
548349	Mobile Products, Inc.			
3. Street Address Principal Business Office		City	State	Zip
401 Capacity Drive		Longview	TX	75604
4. Business Phone No.	5. State of Incorporation			
(903) 759-0610	Kansas			

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Phillip Ford	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)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Kenneth Dabrowski	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

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
0	0	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.

[redacted]

FILED
File Date
Check No. FEB 2 2 2011
By: BY 19817
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 *Date*

Phillip Ford
Print or Type Name

[redacted] President
Title

Form 630 Rev. 08/08