



Department of State - Business Services Division

Annual Report for the year: 2017 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 101956		2. Exact name of the Corporation MOBILE INSTRUMENT SERVICE & REPAIR INC				
3. Principal Office Address 333 WATER AVENUE			City BELLEFONTAINE	State OH	Zip 43311	
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island SHARPEN AND REPAIR HAND HELD SURGICAL INSTRUMENTS, SCOPES AND POWER EQUIPMENT FOR HOSPITALS , DOCTORS, ETC.				
5. State of Incorporation OHIO						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name DWIGHT E. REED			Vice-President Name			
Street Address 9264 HICKORY LANE			Street Address			
City HUNTSVILLE	State OH	Zip 43324	City	State	Zip	
Secretary Name CHARLES D. REED			Treasurer Name			
Street Address 1830 LAKE SHORE DRIVE			Street Address			
City COLUMBUS	State OH	Zip 43204	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name DWIGHT E. REED			Director Name CHARLES D. REED			
Street Address 9264 HICKORY LANE			Street Address 1830 LAKE SHORE DRIVE			
City HUNTSVILLE	State OH	Zip 43324	City COLUMBUS	State OH	Zip 43204	
Director Name ANNETTE REED			Director Name			
Street Address 3921 GLENHURST DRIVE			Street Address			
City SMYRNA	State GA	Zip 30080	City	State	Zip	
9. Shares Authorized		10. Shares Issued				
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		420		COMMON		1.00
11. 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.						
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.						
Name of Authorized Representative DWIGHT E. REED					Date 02/16/2017	
Signature of Authorized Representative <i>Dwight E. Reed</i>						

FILED

FEB 24 2017

54920