



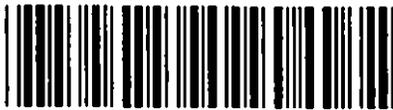
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED) OR PRINTED IN BLACK

1. Corporate ID No. 101956		2. Name of Corporation Mobile Instrument Service & Repair, Inc.			
3. Street Address Principal Business Office 333 Water Avenue			City Bellefontaine	State Ohio	Zip 43311
4. Business Phone No. 937-592-5025		5. State of Incorporation OHIO		6. SIC Code 7600	
7. 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.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dwight E. Reed			Vice President Name Annette Reed		
Street Address 9264 Hickory Lane			Street Address 3921 Glenhurst Dr.		
City Huntsville	State Ohio	Zip 43324	City Smyrna	State Georgia	Zip 30080
Secretary Name Charles D. Reed			Treasurer Name		
Street Address 1601 Pemberton Dr.			Street Address		
City Upper Arlington	State Ohio	Zip 43221	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dwight E. Reed			Director Name Annette Reed		
Street Address 9264 Hickory Lane			Street Address 3921 Glenhurst Dr.		
City Huntsville	State Ohio	Zip 43324	City Smyrna	State Georgia	Zip 30080
Director Name Charles D. Reed			Director Name		
Street Address 1601 Pemberton Dr.			Street Address		
City Upper Arlington	State Ohio	Zip 43221	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE			480	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



101956

File Date 2.28.05

Check No. 56066

By: [Signature]

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] 1/15/05
Signature of Officer Date
Dwight E. Reed
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 101956		2. Name of Corporation Mobile Instrument Service & Repair, Inc.			
3. Street Address Principal Business Office 333 Water Avenue			City Bellefontaine	State Ohio	Zip 43311
4. Business Phone No 937-592-5025		5. State of Incorporation OHIO			6. SIC Code 7600
7. 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.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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Street Address 9264 Hickory Lane			Street Address 3921 Glenhurst Dr.		
City Huntsville	State Ohio	Zip 43324	City Smyrna	State Georgia	Zip 30080
Secretary Name Charles D. Reed			Treasurer Name		
Street Address 1601 Pemberton Dr.			Street Address		
City Upper Arlington	State Ohio	Zip 43221	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dwight E. Reed			Director Name Annette Reed		
Street Address 9264 Hickory Lane			Street Address 3921 Glenhurst Dr.		
City Huntsville	State Ohio	Zip 43324	City Smyrna	State Georgia	Zip 30080
Director Name Charles D. Reed			Director Name		
Street Address 1601 Pemberton Dr.			Street Address		
City Upper Arlington	State Ohio	Zip 43221	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE			480	Common	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 1 9 5 6 *

File Date 2.9.04
Check No. 5117
By: UP

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.

Dwight E. Reed 1/20/04
Signature of Officer Date
Dwight E. Reed
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **101956** 2. Name of Corporation **Mobile Instrument Service & Repair, Inc.**
3. Street Address Principal Business Office **333 Water Avenue** City **Bellefontaine** State **Ohio** Zip **43311**
4. Business Phone No. **(937) 592-5025** 5. State of Incorporation **OHIO** 6. SIC Code **7600**
7. Brief Description of the Character of Business Conducted in Rhode Island

Sharpen & repair hand held surgical instruments, scopes & power equipment

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

President Name Dwight E. Reed Street Address 9264 Hickory Lane City Huntsville State Ohio Zip 43324	Vice President Name Annette Reed Street Address 3921 Glenhurst Dr. City Smyrna State Georgia Zip 30080
Secretary Name Charles D. Reed Street Address 1601 Pemberton Dr. City Upper Arlington State Ohio Zip 43221	Treasurer Name Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Dwight E. Reed Street Address 9264 Hickory Lane City Huntsville State Ohio Zip 43324	Director Name Annette Reed Street Address 3921 Glenhurst Dr. City Smyrna State Georgia Zip 30080
Director Name Charles D. Reed Street Address 1601 Pemberton Dr. City Upper Arlington State Ohio Zip 43221	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 1 9 5 6 *

File Date: 2/18/03
Check No: 47053
By: TOP

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.

Dwight E. Reed 2/5/03
Signature of Officer Date

Dwight E. Reed
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **101956** 2. Name of Corporation **Mobile Instrument Service & Repair, Inc.**
3. Street Address Principal Business Office **333 Water Avenue** City **Bellefontaine** State **OH** Zip **43311**
4. Business Phone No. **(937) 592-5025** 5. State of Incorporation **OHIO** 6. SIC Code **7600**

7. Brief Description of the Character of Business Conducted in Rhode Island
Sharpen & repair hand held surgical instruments, scopes & power equipment

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

President Name Dwight E. Reed Street Address 9264 Hickory Lane City Huntsville State Ohio Zip 43324	Vice President Name Annette Reed Street Address 3921 Glenhurst Dr. City Smyrna State Georgia Zip 30080
Secretary Name Charles D. Reed Street Address 1601 Pemberton Dr. City Upper Arlington State Ohio Zip 43221	Treasurer Name Annette Reed Street Address 3921 Glenhurst Dr. City Smyrna State Georgia Zip 30080

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Dwight E. Reed Street Address 9264 Hickory Lane City Huntsville State Ohio Zip 43324	Director Name Annette Reed Street Address 3921 Glenhurst Dr. City Smyrna State Georgia Zip 30080
Director Name Charles D. Reed Street Address 1601 Pemberton Dr. City Upper Arlington State Ohio Zip 43221	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common 1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 1 9 5 6 *

File Date: 2-11-02
43043
Check No.: _____
By: [Signature]

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] 1/10/02
Signature of Officer Date

Dwight E. Reed
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **101956** 2. Name of Corporation **Mobile Instrument Service & Repair, Inc.**
3. Street Address Principal Business Office **333 Water Avenue** City **Bellefontaine** State **OH** Zip **43311**
4. Business Phone No. **(937) 592-5025** 5. State of Incorporation **OHIO** 6. SIC Code **7600**
7. Brief Description of the Character of Business Conducted in Rhode Island

Sharpen & repair hand held surgical instruments, scopes & power equipment

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

President Name Dwight E. Reed Street Address 9264 Hickory Lane City Huntsville State Ohio Zip 43324	Vice President Name Annette Reed Street Address 3921 Glenhurst Dr. City Smyrna State Georgia Zip 30080
Secretary Name Charles D. Reed Street Address 1601 Pemberton Dr. City Upper Arlington State Ohio Zip 43221	Treasurer Name Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Dwight E. Reed Street Address 9264 Hickory Lane City Huntsville State Ohio Zip 43324	Director Name Annette Reed Street Address 3921 Glenhurst Dr. City Smyrna State Georgia Zip 30080
Director Name Charles D. Reed Street Address 1601 Pemberton Dr. City Upper Arlington State Ohio Zip 43221	 Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$1.00 PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common 1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 1 9 5 6 *

File Date: 3/5
Check No.: 39420
By: [Signature]

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] 2/27/01
Signature of Officer Date
Dwight E. Reed
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **101956** 2. Name of Corporation **Mobile Instrument Service & Repair, Inc.**
3. Street Address Principal Business Office **333 Water Avenue** City **Bellefontaine** State **OH** Zip **43311**
4. Business Phone No. **(937) 592-5025** 5. State of Incorporation **OHIO** 6. SIC Code **7600**
7. Brief Description of the Character of Business Conducted in Rhode Island

Sharpen & repair hand held surgical instruments, scopes & power equipment

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

President Name Dwight E. Reed Street Address 9264 Hickory Lane City Huntsville State Ohio Zip 43324	Vice President Name Annette Reed Street Address 3921 Glenhurst Dr. City Smyrna State Georgia Zip 30080
Secretary Name Charles D. Reed Street Address 1601 Pemberton Dr. City Upper Arlington State Ohio Zip 43221	Treasurer Name Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Dwight E. Reed Street Address 9264 Hickory Lane City Huntsville State Ohio Zip 43324	Director Name Annette Reed Street Address 3921 Glenhurst Dr. City Smyrna State Georgia Zip 30080
Director Name Charles D. Reed Street Address 1601 Pemberton Dr. City Upper Arlington State Ohio Zip 43221	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$1.00 PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common 1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust



* 1 0 1 9 5 6 *

File Date: 2/28/00

Check No.: MF-35878

By: RD

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.

Dwight E. Reed 2-22-00
Signature of Officer Date

Dwight E. Reed
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101956		2. Name of Corporation Mobile Instrument Service & Repair, Inc.	
3. Street Address Principal Business Office 333 WATER AVENUE		City BELLEFONTAINE	State OHIO
4. Business Phone No. (937) 592-5025		5. State of Incorporation OHIO	6. SIC Code 7600
7. Brief Description of the Character of Business Conducted in Rhode Island Sharpen & Repair hand held surgical instruments, scopes & power equipment			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Dwight E. Reed		Vice President Name Annette Reed	
Street Address 9264 Hickory Lane		Street Address 3921 Glenhurst Dr	
City Huntsville	State Ohio	City Smyrna	State Georgia
Zip 43324		Zip 30080	
Secretary Name Charles D. Reed		Treasurer Name Charles D. REED	
Street Address 1601 Pemberton Dr.		Street Address Same	
City Upper Arlington	State Ohio	City Upper Arlington	State Ohio
Zip 43221		Zip 43221	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Dwight E. Reed		Director Name Annette Reed	
Street Address 9264 Hickory Lane		Street Address 3921 Glenhurst Dr	
City Huntsville	State Ohio	City Smyrna	State Georgia
Zip 43324		Zip 30080	
Director Name Charles D. Reed		Director Name Charles D. Reed	
Street Address 1601 Pemberton Dr.		Street Address 1601 Pemberton Dr.	
City Upper Arlington	State Ohio	City Upper Arlington	State Ohio
Zip 43221		Zip 43221	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	
1,000 COMM \$1.00 PAR VAL			
		100	Common 1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



* 1 0 1 9 5 6 *

File Date: Mar 19, 1999
Check No.: 32100
By: [Signature]
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] 3/12/99
Signature of Officer Date
Dwight E. Reed
Print or Type Name of Officer
President
Title of Officer