

1.) CORPORATION NAME: <b>Professional Power Products, Inc.</b>	DUE DATE: <b>5/31/2013</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY          BANK OF AMERICA CTR 16TH FL          1111 E MAIN ST</b>	SCC ID NO: <b>F1861402</b>		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: <b>IL</b>			

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 448 W MADISON ST  
CITY/ST/ZIP: DARIEN, WI 53114

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: CARL TRENT TITLE: P/D ADDRESS: 448 W MADISON ST CITY/ST/ZIP/CO: DARIEN, WI 53114	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: KEN TRENT TITLE: COO/SECRETARY ADDRESS: 448 W MADISON ST CITY/ST/ZIP/CO: DARIEN, WI 53114	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: Sheila Moran TITLE: TREASURER ADDRESS: 448 West Madison Street CITY/ST/ZIP/CO: Darien, WI 53114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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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/ CARL TRENT	CARL TRENT, P/D	5/20/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.