SUBJECT:	ARROWHEAD INDUSTRIAL SERVICES, INC.	
	(Name of corporation - must include suffix)	

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JUNN P. VASSALLU	
(Name of Person)	
ARROWHEAD INDUSTRIAL SERVICES, INC.	TDUODISCEDT -08/27/9601021010
(Firm/Company)	
3537 A SNC 119, P.O. BOX 1000 (Address)	98 TALL/
GRAHAM. NORTH CAROLINA 27253 (City/State/Zip)	AUG 26
Should you need to call someone concerning this matter, please call:	PII 1: 48 FLORIDA
	335-8881 Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

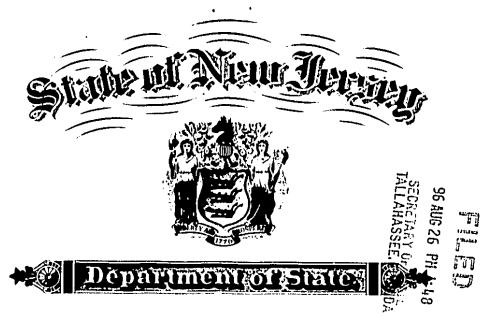
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ARROWHEAD INDUSTRIAL SERVICES, INC. (Name of corporation: must include the word "INCORPORA words or abbreviations of like import in language as will clean natural person or partnership if not so contained in the name	rly indicate that it is a corporation instead of a				
2. NEW JERSEY (State or country under the law of which it is incorporated)	22-1757451 (FEI number, if applicable)				
((a da monisor) is applicable,				
4. NOVEMBER 6, 1964 5	"PERPETUAL"				
(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")				
6. NOT APPLICABLE AT APPLICATION DATE					
(Date first transacted business in Florida, (SEB SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)					
7. p.O. BOX 1000					
GRAHAM, NORTH CAROLINA 27253					
(Current mailing a	ddress)				
8. CYLINDER PRESSURE TESTING					
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)					
9. Name and street address of Florida registered agent: (P.O Box or Mail Drop Box NOT acceptable)					
Name: CT CORPORATION SYSTEM					
Office Address: 1200 SOUTH PINE ISLAND ROAD					
PLANTATION	Florida , 33 224 5				
10. Registered agent's acceptance:	(Zip Code)				
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. JENNIFER F AULTMAN (Registered agent's signature) ASSISTANT COOPETARY					
11. Attached is a certificate of existence duly anthenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is					

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: THOMAS F. VASSALLO Address: 18 COLONIAL WOODS DRIVE WEST ORANGE, NEW JERSEY 07052 Vice Chairman: JOHN P. ASSALLO Address: 3026 TRUITT DRIVE BURLINGTON N.C. 27215 Director: MARY L. VASSALLO Address: 18 COLONIAL WOODS DRIVE WEST ORANGE, NEW JERSEY 07052 Director: Address: ____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: THOMAS F. VASSALLO Address: 18 COLONIAL WOODS DRIVE WEST ORANGE, NEW JERSEY 07052 Vice President: JOHN P. VASSALLO 3026 TRUITT DRIVE Address: ____ BURLINGTON, N.C. 27215 Secretary: MARY L. VASSALLO Address: 18 COLONIAL WOODS DRIVE WEST ORANGE, NEW JERSEY 07052 Treasurer: MARY L, VASSALLO Address: 18 COLONIAL WOODS DRIVE WEST ORANGE, NEW JERSEY 07052 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. JOHN P. VASSALLO, VICE PRESID NT

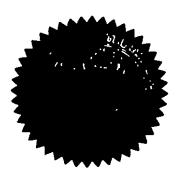
(Typed or printed name and capacity of person signing application)



ARROWHEAD INDUSTRIAL SERVICES, INC.

I The Sucretary of State of the State of New Jersey, DO HEREBY CERTIFY that the records of this office show that the charter of the above-named corporation was filed in this office on the 6th day of November A.D. 1964 and so far as the records of this office show, said corporation was revoked for non-payment of Annual Reports on August 5, 1995 and insofar as the records of this office show said corporation was not reinstated. At the time of issuance of this certificate Annual Reports are outstanding for years of 1991 thru 1995.

I FURTHER CERTIFY, that the location of the registered office is 743 Northfield Avenue, West Orange, New Jersey 07052 and the registered agent is Joseph T. Daly.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton this 16th day of July A.D. 1996.

SECRETARY OF STATE