


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90032 044 ***150.00

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| DOCUMENT # F96000004398 1. Entity Name ARROWHEAD INDUSTRIAL SERVICES, INC. | | | |  | |
| Principal Place of Business 3537 SOUTH NC 119 GRAHAM, NC 27253 | | | Mailing Address PO BOX 1000 GRAHAM, NC 27253 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 22-1757451 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VASSALLO, THOMAS F | | NAME | | |
| STREET ADDRESS | 3220 QUINN DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WILSON, NC 27896 | | CITY-ST-ZIP | | |
| TITLE | STD <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VASSALLO, MARY L | | NAME | | |
| STREET ADDRESS | 3027 MAPLE AVENUE, J4 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BURLINGTON, NC 27215 | | CITY-ST-ZIP | | |
| TITLE | PCEO <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VASSALLO, JOHN P | | NAME | | |
| STREET ADDRESS | 2023 SHIRLEY DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BURLINGTON, NC 27215 | | CITY-ST-ZIP | | |
| TITLE | VP <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HERBERT, REGINA | | NAME | | |
| STREET ADDRESS | 5912 CHESTNUT OAK DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MEBANE, NC 27302 | | CITY-ST-ZIP | | |
| TITLE | VP <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILSON, RALPH G | | NAME | | |
| STREET ADDRESS | 2616 SADDLE CLUB DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BURLINGTON, NC 27215 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>REGINA E. HERBERT</u> 02-17-04 936-578-2777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |