

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000001635**1. Entity Name
ATOR CORP.**FILED**
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90221 049 ***150.00

Principal Place of Business

**800 NORTH POINT PARKWAY
ALPHARETTA GA 30005
US**

Mailing Address

**800 NORTH POINT PARKWAY
RM 82N280B
ALPHARETTA GA 30005
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Room 83N350A

Suite, Apt. #, etc.

Room 83N350A

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-3419057**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, DENNIS M 555 UNION BLVD. ALLENTOWN PA 18103-1229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RILEY, MATTHEW C 555 UNION BLVD. ALLENTOWN PA 18103-1229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAVEO, PAMELA 600-700 MOUNTAIN AVE MURRAY HILL NJ 07974-0636	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCOTT, NANCY 800 NORTH POINT PARKWAY ALPHARETTA GA 30005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOLIDAY, MICHAEL 600-700 MOUNTAIN AVE MURRAY HILL NJ 07974-0636	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EGGERT, WAYNE G. 475 SOUTH STREET MORRISTOWN NJ 07962	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Please see
attached list
of officers*

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Scott **Nancy Scott** *1/31/01* **770 750 2747**

Date

Daytime Phone #

CR2E034 (10/00)

**Director, Officers Report
ATOR CORP.**

Attachment
DH F96000001435
C0019602

DIRECTORS

Paul Diczok
600-700 Mountain Ave.
PO Box 636
Murray Hill, NJ 07974-0636

Jeffrey L. Kestler
219 Mount Airy Rd.
Basking Ridge, NJ 07920-2337

Jean F. Rankin
600-700 Mountain Ave.
PO Box 636
Murray Hill, NJ 07974-0636

OFFICERS

Dennis M. Hill President
555 Union Blvd.
Allentown, PA 18103-1229

Michael J. Holliday Vice President and Secretary
600-700 Mountain Ave.
PO Box 636
Murray Hill, NJ 07974-0636

Matthew C. Riley Treasurer
555 Union Blvd.
Allentown, PA 18103-1229

Kevin G. DaSilva Assistant Secretary
283 King George Rd.
Warren, NJ 07059

Wayne G. Eggert Assistant Secretary
475 South St.
Morristown, NJ 07962-1976

Janet O'Rourke Assistant Secretary
600-700 Mountain Ave.
PO Box 636
Murray Hill, NJ 07974-0636

Robert Staszak Assistant Secretary
475 South St.
Morristown, NJ 07962-1976

Nancy Scott Assistant Secretary
800 North Point Parkway.
Alpharetta, GA 30005