FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0003131

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90128 034 ***150.00

DOCUMENT # F96000001635

1. Corporation Name
ATOR CORP.

Principal Place of Business	Mailing Address
475 SOUTH ST ROOM 25214 MORRISTOWN NJ 07962 US	475 SOUTH ST ROOM 25214 MORRISTOWN NJ 07962 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1996

2. Principal Place of Business	2a. Mailing Address
21 800 NorthPoint Prkwy	26 800 NorthPoint Prkwy
Suite, Apt. #, etc. 22 RM 62N290D	Suite, Apt. #, etc. 27 RM 62N290D
City & State 23 Alpharetta GA	City & State 28 Alpharetta GA
Zip 24 30005 Country 25 US	Zip 29 30005 Country 30 US

4. FEI Number: 22-3419057 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HILL, DENNIS M		1.2 NAME		
STREET ADDRESS	555 UNION BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALLENTOWN PA 18103		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	RILEY, MATT C		2.2 NAME		
STREET ADDRESS	555 UNION BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALLENTOWN PA 18103		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	See attached	☐ Change ☐ Addition
NAME	ADERSON, RHODA		3.2 NAME		
STREET ADDRESS	131 MORRISTOWN ROAD, BLDG B		3.3 STREET ADDRESS		
CITY-ST-ZIP	BASKING RIDGE NJ 07920		3.4 CITY-ST-ZIP		
TITLE	VS	☒ DELETE	4.1 TITLE	See attached	☐ Change ☐ Addition
NAME	SUZUKI, PETER M		4.2 NAME		
STREET ADDRESS	131 MORRISTOWN RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BASKING RIDGE NJ 07920		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	Assistant Secretary	☒ Change ☐ Addition
NAME	DASILVA, KEVIN		5.2 NAME		
STREET ADDRESS	283 KING GEORGE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WARREN NJ 07059		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EGGERT, WAYNE G.		6.2 NAME		
STREET ADDRESS	475 SOUTH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN NJ 07962		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] WAYNE G. EGGERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 Date

770-750-2747 Daytime Phone #

Director, Officers Report
ATOR CORP.

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DIRECTORS

Lee S. Cutcliff
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
Pamela F. Craven	Vice President 600-700 Mountain Ave. PO Box 636 Murray Hill, NJ 07974-0636
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

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Director, Officers Report
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Anthony Pukenas	Assistant Secretary 475 South St. Morristown, NJ 07962-1976
Robert Staszak	Assistant Secretary 475 South St. Morristown, NJ 07962-1976
Nancy Scott	Assistant Secretary 800 North Point Parkway. Alpharetta, GA 30005
Douglas Krey	Assistant Secretary 800 North Point Parkway. Alpharetta, GA 30005