

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006069 (8)

1. Corporation Name

ATM CORPORATION OF AMERICA



Principal Place of Business 845 ROUSER ROAD CORAOPOLIS PA 15108	Mailing Address 345 ROUSER ROAD CORAOPOLIS PA 15108-4726
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/28/1994	3a. Date of Last Report 05/01/1996	4. FEI Number 25-1696677	Applied For Not Applicable
		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINA A. DURANKO	1.2 NAME	
STREET ADDRESS	345 ROUSER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER F. AZUR	2.2 NAME	
STREET ADDRESS	345 ROUSER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA	2.4 CITY-ST-ZIP	
TITLE	EV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEFERT, MELANIE B	3.2 NAME	
STREET ADDRESS	345 ROUSER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA 15108	3.4 CITY-ST-ZIP	
TITLE	EV	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRONTO, RAYMOND A	4.2 NAME	
STREET ADDRESS	345 ROUSER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA 15108	4.4 CITY-ST-ZIP	
TITLE	SRV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, LINDA M	5.2 NAME	
STREET ADDRESS	345 ROUSER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA 15108	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

[Signature]

4-25-97

299-10200

CR2E034 (9/96)