

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

FILED

**May 07 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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 345 ROUSER ROAD CORAOPOLIS PA 15108	Mailing Address 345 ROUSER ROAD CORAOPOLIS PA 15108
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/28/1994	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 25-1696677	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	
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.				81 Name	
SIGNATURE				82 Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				83	
DATE				84 City	
				85 Zip Code	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
SD	CHRISTINA A. DURANKO	2.1 TITLE	2.2 NAME
345 ROUSER ROAD	CORAOPOLIS PA	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
EV	CHRISTOPHER F. AZUR	3.1 TITLE	3.2 NAME
345 ROUSER ROAD	CORAOPOLIS PA	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
EV	GEFERT, MELANIE B	4.1 TITLE	4.2 NAME
345 ROUSER ROAD	CORAOPOLIS PA 15108	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
SRV	GLADDEN, JAMES	5.1 TITLE	5.2 NAME
345 ROUSER ROAD	CORAOPOLIS PA	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
PD	WEAVER, LINDA M	6.1 TITLE	6.2 NAME
345 ROUSER ROAD	CORAOPOLIS PA 15108	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
PD	AZUR, FRANCIS H		
345 ROUSER ROAD	CORAOPOLIS PA		

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

SIGNATURE: *[Handwritten Signature]* DATE: **4/27/98**

CR2E034 (10/97)