

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90265 039 \*\*\*150.00

DOCUMENT # **F9400 6006069** ✓

1. Corporation Name

ATM Corporation of America

Principal Place of Business

Mailing Address

345 Rouser Road  
Coraopolis, PA 15108

345 Rouser Road  
Coraopolis, PA 15108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/94

4. FEI Number

25-1696677

Applied For

Not Applicable

5. Certificate 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 Corp. 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	T	<input type="checkbox"/> DELETE
NAME	Christina A. Duranko	
STREET ADDRESS	345 Rouser Road	
CITY-ST-ZIP	Coraopolis, PA 15108	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Christopher F. Azur	
STREET ADDRESS	345 Rouser Road	
CITY-ST-ZIP	Coraopolis, PA 15108	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	Melanie Gefert	
STREET ADDRESS	345 Rouser Road	
CITY-ST-ZIP	Coraopolis, PA 15108	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	James Gladden	
STREET ADDRESS	345 Rouser Road	
CITY-ST-ZIP	Coraopolis, PA 15108	
TITLE	SRV	<input checked="" type="checkbox"/> DELETE
NAME	Linda Weaver	
STREET ADDRESS	345 Rouser Road	
CITY-ST-ZIP	Coraopolis, PA 15108	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Francis H. Azur	
STREET ADDRESS	345 Rouser Road	
CITY-ST-ZIP	Coraopolis, PA 15108	

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Steinmetz	
1.3 STREET ADDRESS	345 Rouser Road	
1.4 CITY-ST-ZIP	Coraopolis, PA 15108	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christina A. Duranko

4/27/99

Date

(412) 299-6200

Daytime Phone #

CR2E034 (11/98)