

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

FILED
Apr 28 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 # F96000001635 (9)

1. Corporation Name
ATOR CORP.



Principal Place of Business 412 MT KEMBLE AVE. MORRISTOWN NJ 07860	Mailing Address 412 MT KEMBLE AVE. MORRISTOWN NJ 07860-6654
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3. Date Incorporated or Qualified 03/28/1996	3a. Date of Last Report
4. FEI Number APPLIED FOR 22-3419057	Applied For <input type="checkbox"/> 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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 <input type="checkbox"/> DELETE	1.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, DENNIS M	1.2 NAME	RAYMOND IMBROGNO
STREET ADDRESS	555 UNION BLVD.	1.3 STREET ADDRESS	412 MT. KEMBLE AVE
CITY - ST - ZIP	ALLENTOWN PA 18103	1.4 CITY - ST - ZIP	MORRISTOWN NJ 07860
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRENDERGAST, S L	3.2 NAME	
STREET ADDRESS	295 N. MAPLE AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BASKING RIDGE NJ 07920	3.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT, BARBARA K	5.2 NAME	
STREET ADDRESS	131 MORRISTOWN RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	BASKING RIDGE NJ 07920	5.4 CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVILA, MANUEL	6.2 NAME	
STREET ADDRESS	412 MT KEMBLE AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	MORRISTOWN NJ 07860	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:  **RAY IMBROGNO** DATE: **201-683-0441**

CR2E034 (9/96)