

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 07980

Mailing Address

412 MT KEMBLE AVE.
MORRISTOWN NJ 07980-6654

3. Date Incorporated or Qualified

03/28/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

APPLIED FOR 22-3419057

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

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
NAME HILL, DENNIS M
STREET ADDRESS 555 UNION BLVD.
CITY- ST- ZIP ALLENTOWN PA 18103

1.1 TITLE AS ☐ Change ☒ Addition
1.2 NAME RAYMOND IMBROGNO
1.3 STREET ADDRESS 412 MT. KEMBLE AVE
1.4 CITY- ST- ZIP MORRISTOWN NJ 07960

TITLE P ☐ DELETE
NAME RILEY, MATT C
STREET ADDRESS 555 UNION BLVD.
CITY- ST- ZIP ALLENTOWN PA 18103

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE T ☒ DELETE
NAME PRENDERGAST, S L
STREET ADDRESS 295 N. MAPLE AVE.
CITY- ST- ZIP BASKING RIDGE NJ 07920

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE VS ☐ DELETE
NAME SUZUKI, PETER M
STREET ADDRESS 131 MORRISTOWN RD.
CITY- ST- ZIP BASKING RIDGE NJ 07920

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE S ☐ DELETE
NAME HERBERT, BARBARA K
STREET ADDRESS 131 MORRISTOWN RD.
CITY- ST- ZIP BASKING RIDGE NJ 07920

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE T ☒ DELETE
NAME DAVILA, MANUEL
STREET ADDRESS 412 MT KEMBLE AVE.
CITY- ST- ZIP MORRISTOWN NJ 07980

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY IMBROGNO

Date

201-683-0441

Daytime Phone #

0003312

CR2E034 (9/96)