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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90128 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F96000001635**

1. Corporation Name
ATOR CORP.



Principal Place of Business 475 SOUTH ST ROOM 25214 MORRISTOWN NJ 07962 US	Mailing Address 475 SOUTH ST ROOM 25214 MORRISTOWN NJ 07962 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 800 North Point Pkwy Suite, Apt. #, etc. Rm 82N290D City & State Alpharetta GA Zip 30005	2a. Mailing Address 26 800 North Point Pkwy Suite, Apt. #, etc. Rm 82N290D City & State Alpharetta GA Zip 30005
25 US	30 US

3. Date Incorporated or Qualified 03/28/1996	4. FEI Number 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	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, DENNIS M	1.2 NAME	
STREET ADDRESS	555 UNION BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA 18103	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input checked="" 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	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	See attached <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADERSON, RHODA	3.2 NAME	
STREET ADDRESS	131 MORRISTOWN ROAD, BLDG B	3.3 STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE NJ 07920	3.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	See attached <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	T <input type="checkbox"/> DELETE	5.1 TITLE	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASILVA, KEVIN	5.2 NAME	
STREET ADDRESS	283 KING GEORGE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN NJ 07059	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGGERT, WAYNE G.	6.2 NAME	
STREET ADDRESS	475 SOUTH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07962	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: *Wayne G. Eggert* **4/21/99** **770-750-2747**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

**Director, Officers Report
ATOR CORP.**

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444771-90128-34

DIRECTORS

Lee S. Cutcliff
600-700 Mountain Ave.
PO Box 636
Murray Hill, NJ 07974-0636

Jeffrey L. Kestler
219 Mount Airy Rd.
Basking Ridge, NJ 07920-2337

Jean F. Rankin
600-700 Mountain Ave.
PO Box 636
Murray Hill, NJ 07974-0636

OFFICERS

Dennis M. Hill
President
555 Union Blvd.
Allentown, PA 18103-1229

Pamela F. Craven
Vice President
600-700 Mountain Ave.
PO Box 636
Murray Hill, NJ 07974-0636

Michael J. Holliday
Vice President and Secretary
600-700 Mountain Ave.
PO Box 636
Murray Hill, NJ 07974-0636

Matthew C. Riley
Treasurer
555 Union Blvd.
Allentown, PA 18103-1229

Kevin G. DaSilva
Assistant Secretary
283 King George Rd.
Warren, NJ 07059

Wayne G. Eggert
Assistant Secretary
475 South St.
Morristown, NJ 07962-1976

Janet O'Rourke
Assistant Secretary
600-700 Mountain Ave.
PO Box 636
Murray Hill, NJ 07974-0636

**Director, Officers Report
ATOR CORP.**

F96000001635
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Anthony Pukenas

Assistant Secretary
475 South St.
Morristown, NJ 07962-1976

Robert Staszak

Assistant Secretary
475 South St.
Morristown, NJ 07962-1976

Nancy Scott

Assistant Secretary
800 North Point Parkway.
Alpharetta, GA 30005

Douglas Krey

Assistant Secretary
800 North Point Parkway.
Alpharetta, GA 30005