

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **854232 (6)**  
1. Corporation Name  
**CHG PROPERTIES, INC.**



Principal Place of Business: **3708 MAYFAIR ST. STE. 301 DURHAM NC 27707 US**  
Mailing Address: **ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704 US**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **09/30/1982**  
3a. Date of Last Report: **08/11/1995**  
4. FEI Number: **56-1341779**  
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  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	P/D
NAME	PAGE, JACK R M.D.	2. NAME	CORMAN, STEPHEN D.
STREET ADDRESS	2828 CROASDAILE DRIVE	3. STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC	4. CITY-ST-ZIP	DURHAM, NC 27705
TITLE	D	5. TITLE	VP/T/S/D
NAME	WALLS, BERTRAM E M.D.	6. NAME	DICKERSON, W. RANDALL
STREET ADDRESS	2828 CROASDAILE DRIVE	7. STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC	8. CITY-ST-ZIP	DURHAM, NC 27705
TITLE	COO	9. TITLE	
NAME	SODERSTROM, CARL D	10. NAME	
STREET ADDRESS	3708 MAYFAIR ST.	11. STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC 27707	12. CITY-ST-ZIP	
TITLE	VP	13. TITLE	VP
NAME	DOOLITTLE, KIRK	14. NAME	HYTRY, ROMAN J.
STREET ADDRESS	3708 MAYFAIR ST.	15. STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC 27707	16. CITY-ST-ZIP	DURHAM, NC 27705
TITLE	AS	17. TITLE	AS
NAME	TACKETT, JOSIE	18. NAME	MILES, KIMBERLY J.
STREET ADDRESS	3708 MAYFAIR ST.	19. STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC 27707	20. CITY-ST-ZIP	DURHAM, NC 27705
TITLE	ATST	21. TITLE	
NAME	MOSS, KAREN	22. NAME	
STREET ADDRESS	2828 CROASDAILE DRIVE	23. STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	24. CITY-ST-ZIP	

1. TITLE	P/D	Change	Addition
2. NAME	CORMAN, STEPHEN D.		
3. STREET ADDRESS	2828 CROASDAILE DRIVE		
4. CITY-ST-ZIP	DURHAM, NC 27705		
5. TITLE	VP/T/S/D	Change	Addition
6. NAME	DICKERSON, W. RANDALL		
7. STREET ADDRESS	2828 CROASDAILE DRIVE		
8. CITY-ST-ZIP	DURHAM, NC 27705		
9. TITLE		Change	Addition
10. NAME			
11. STREET ADDRESS			
12. CITY-ST-ZIP			
13. TITLE	VP	Change	Addition
14. NAME	HYTRY, ROMAN J.		
15. STREET ADDRESS	2828 CROASDAILE DRIVE		
16. CITY-ST-ZIP	DURHAM, NC 27705		
17. TITLE	AS	Change	Addition
18. NAME	MILES, KIMBERLY J.		
19. STREET ADDRESS	2828 CROASDAILE DRIVE		
20. CITY-ST-ZIP	DURHAM, NC 27705		
21. TITLE		Change	Addition
22. NAME			
23. STREET ADDRESS			
24. CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kimberly J. Miles* KIMBERLY J. MILES 4-26-96 (919) 383-0355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TIME PHONE

CR2E034 (12/95)