

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

PROFIT
CORPORATION
ANNUAL REPORT
1997

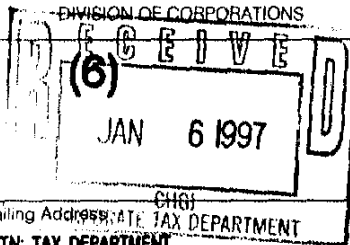


FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 854232

1. Corporation Name

CHG PROPERTIES, INC.



Principal Place of Business

3708 MAYFAIR ST.
STE. 301
DURHAM NC 27707
US

Mailing Address: CHG
ATTN: TAX DEPARTMENT
P.O. BOX 15309
DURHAM NC 27704-0309
US

FILED
May 12 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2828 CROASDAILE DRIVE		26		09/30/1982		05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		56-1341779		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 DURHAM, NC		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
24 27705		25 US		29		30	

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 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORMAN, STEPHEN D.	1.2 NAME	
STREET ADDRESS	2828 CROASDAILE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	1.4 CITY-ST-ZIP	
TITLE	VTSD	2.1 TITLE	P/VP/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERSON, W. RANDALL	2.2 NAME	
STREET ADDRESS	2828 CROASDAILE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYTRY, ROMAN J.	3.2 NAME	
STREET ADDRESS	2828 CROASDAILE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, KIMBERLY J.	4.2 NAME	
STREET ADDRESS	2828 CROASDAILE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ANDERSON, JOANN W.
STREET ADDRESS		5.3 STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE		6.1 TITLE	VP/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SNEDEKER, ANGELA M.
STREET ADDRESS		6.3 STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DURHAM, NC 27705

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: Angela M. Snedeker REQUIRED ANGELA M. SNEDEKER 4-25-97 (919) 383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone