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May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

DOCUMENT # 854232

1. Corporation Name  
CHG PROPERTIES, INC.

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

RECEIVED (6) JAN 6 1997



Principal Place of Business: 3708 MAYFAIR ST. STE. 301 DURHAM NC 27707 US

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

2. Principal Place of Business: 21 2828 CROASDAILE DRIVE, 22 DURHAM, NC, 24 27705, 25 US

2a. Mailing Address: 26, 27, 28, 30

3. Date Incorporated or Qualified: 09/30/1982

3a. Date of Last Report: 05/01/1996

4. FEI Number: 56-1341779

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$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 Name, 82 Street Address, 83, 84 City, 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 CORMAN, STEPHEN D. 2828 CROASDAILE DRIVE DURHAM NC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE	VTSD DICKERSON, W. RANDALL 2828 CROASDAILE DRIVE DURHAM NC	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	VP HYTRY, ROMAN J. 2828 CROASDAILE DR DURHAM NC	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	AS MILES, KIMBERLY J. 2828 CROASDAILE DR DURHAM NC	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P/VP/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S ANDERSON, JOANN W. 2828 CROASDAILE DRIVE DURHAM, NC 27705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP/AS SNEDEKER, ANGELA M. 2828 CROASDAILE DRIVE DURHAM, NC 27705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 (Signature) ANGELA M. SNEDEKER 4-25-97 (919) 383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)