

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854232 (6)

1. Corporation Name
CHG PROPERTIES, INC.



Principal Place of Business 2828 CROASDAILE DR DURHAM NC 27705 US	Mailing Address ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 09/30/1982	4. FEI Number 56-1341779	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JOANN W	1.2 NAME	
STREET ADDRESS	2828 CROASDAILE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	1.4 CITY-ST-ZIP	
TITLE	PVST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKERSON, W. RANDALL	2.2 NAME	DAUCHERT, EUGENE F. JR.
STREET ADDRESS	2828 CROASDAILE DRIVE	2.3 STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC	2.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNEDEKER, ANGELA M	3.2 NAME	KUONI, CHARLES F. III
STREET ADDRESS	2828 CROASDAILE DR	3.3 STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC	3.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILES, KIMBERLY J.	4.2 NAME	PETREA, JOAN R.
STREET ADDRESS	2828 CROASDAILE DR	4.3 STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC	4.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Joan R. Petrea* **JOAN R. PETREA** 4-28-98 (919) 383-0355

CR2E034 (10/97)