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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90081 019 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 854232

1. Corporation Name
CHG PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2828 CROASDAILE DR
 DURHAM NC 27705
 US

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

3. Date Incorporated or Qualified
09/30/1982

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

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 _____ (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	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUCHERT, JR. E	2.2 NAME	
STREET ADDRESS	2828 CROASDAILE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC 27705	2.4 CITY-ST-ZIP	
TITLE	VPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUONI, III C	3.2 NAME	
STREET ADDRESS	2828 CROASDAILE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC 27705	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETREA, JOAN R.	4.2 NAME	
STREET ADDRESS	2828 CROASDAILE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC 27705	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	W. Randall Dickerson
STREET ADDRESS		5.3 STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Durham, NC 27705
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, with all other like empowered.

SIGNATURE: *Joan R. Petrea* 4/2/99 919-383-0355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)