

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002623 (6)**

1. Corporation Name
CHC PAYROLL CORP.



Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203 US	Mailing Address ATTN: TAX DEPT P.O. BOX 570 NASHVILLE TN 37202 US
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3. Date Incorporated or Qualified 05/18/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 750
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Nashville, TN
Zip 24	Zip 29 37202
Country 25	Country 30 USA

4. FEI Number 75-2236887	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME VANDEWATER, DAVID T		1.2 NAME	
STREET ADDRESS ONE PARK PLAZA		1.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE TN		1.4 CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JOHNSON, R. M		2.2 NAME	
STREET ADDRESS ONE PARK PLAZA		2.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE TN		2.4 CITY - ST - ZIP	
TITLE VSD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BRAUN, STEPHEN T		3.2 NAME	
STREET ADDRESS ONE PARK PLAZA		3.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE TN		3.4 CITY - ST - ZIP	
TITLE VTD	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME COLBY, DAVID C		4.2 NAME Donahay, Kenneth	
STREET ADDRESS ONE PARK PLAZA		4.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE TN		4.4 CITY - ST - ZIP	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FRANCK, JOHN M		5.2 NAME	
STREET ADDRESS ONE PARK PLAZA		5.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE TN		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 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: _____ DATE: **4-1-97** DAYTIME PHONE: **0527301**

CR2E034 (9/96)