


FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000006218 (0)					
1. Corporation Name CCX OF NORTH CAROLINA, INC.					
Principal Place of Business 1901 ROXBOROUGH ROAD, SUITE 205 CHARLOTTE NC 28211			Mailing Address 1901 ROXBOROUGH ROAD, SUITE 205 CHARLOTTE NC 28211-3482		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip			28 Zip		
25 Country			30 Country		
9. Name and Address of Current Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					81 Name
					82 Street Address
					83
					84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or 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)					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	RINALDI, RICHARD A			1.2 NAME	
STREET ADDRESS	1901 ROXBOROUGH ROAD, SUITE 205			1.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC 28211			1.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	
NAME	WOOD, W. EDWARD			2.2 NAME	
STREET ADDRESS	1901 ROXBOROUGH ROAD, SUITE 205			2.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC 28211			2.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	
NAME	MCGILLICUDDY, DENNIS J			3.2 NAME	
STREET ADDRESS	1901 ROXBOROUGH ROAD, SUITE 205			3.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC 28211			3.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	
NAME	MAGRATH, GEOFFREY T			4.2 NAME	
STREET ADDRESS	1901 ROXBOROUGH ROAD, SUITE 205			4.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC 28211			4.4 CITY - ST - ZIP	
TITLE	VST	<input type="checkbox"/> DELETE		5.1 TITLE	
NAME	FEENEY, FRANCIS X			5.2 NAME	
STREET ADDRESS	1901 ROXBOROUGH ROAD, SUITE 205			5.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC 28211			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	
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 Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

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