FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P30193** **(7)**

1. Corporation Name

CHARLOTTE HOSPITALITY EMPLOYER, INC.

Principal Place of Business	Mailing Address
12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441	12755 STATE HIGHWAY 55 MINNEAPOLIS MN 55441

2. Principal Place of Business 21	2a. Mailing Address 26 P O Box 59159
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ATTN: Tax Dept.
City & State 23	City & State 28 Minneapolis MN
Zip / Country 24 / 25	Zip / Country 29 55459-8250 / 30

3. Date Incorporated or Qualified 07/18/1990	3a. Date of Last Report 05/01/1995
4. FEI Number 56-1153240	Applied For / Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ 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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NORLANDER, JOHN		1.2 NAME	
STREET ADDRESS	12755 STATE HWY 55		1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BERKWITZ, ROBERT S.		2.2 NAME	
STREET ADDRESS	12755 STATE HWY 55		2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAMANN, DARREL		3.2 NAME	
STREET ADDRESS	12755 STATE HWY 55		3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, C. L.		4.2 NAME	
STREET ADDRESS	12755 STATE HWY 55		4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN		4.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HOGAN, GERALD W		5.2 NAME	
STREET ADDRESS	12755 STATE HWY 55		5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN		5.4 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	DIRACLES, J. M. JR		6.2 NAME	Diracles (Spelling)
STREET ADDRESS	12755 STATE HWY 55		6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: D M Hamann Darrel M. Hamann, Vice Pres. - Tax 4-22-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #