

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 30 1997 8:00am
Secretary of State

DOCUMENT # P30193 (7)

1. Corporation Name
CHARLOTTE HOSPITALITY EMPLOYER, INC.

Principal Place of Business
12755 STATE HIGHWAY 55
MINNEAPOLIS MN 55441

Mailing Address
P. O. BOX 59159
ATTN: TAX DEPT.
MINNEAPOLIS MN 55459-8200
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/18/1990		05/01/1996	
Suite Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		56-1153240		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29		30	
24		25		29		30	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				<input type="checkbox"/> Yes <input checked="" 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
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:

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President & CEO & Dir.
NAME	NORLANDER, JOHN	1.2 NAME	Jay Witzel
STREET ADDRESS	12755 STATE HWY 55	1.3 STREET ADDRESS	12755 State Hwy 55
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	Minneapolis MN 55441
TITLE	SD	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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	6.1 TITLE	
NAME	DIRACLES, J. M. J	6.2 NAME	
STREET ADDRESS	12755 STATE HWY 55	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	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:

SIGNATURE REQUIRED

Hamann, VP - Tax

Date

4-17-97

Daytime Phone #

612-546-5883

CR2E034 (9/96)