SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 18 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F93000002242 (6)**

1. Corporation Name
HCC REAL ESTATE XXXVII INC.

Principal Place of Business	Mailing Address
HYPERION CREDIT SERVICES CORPORATION 655 WINDING BROOK DRIVE GLASTONBURY CT 06033	HYPERION CREDIT SERVICES CORPORATION 655 WINDING BROOK DRIVE GLASTONBURY CT 06033

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/13/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **13-3692612** ☐ 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

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	RANIERI, LEWIS S	1.2 NAME	
STREET ADDRESS	50 CHARLES LINDBERGH BLVD, STE 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	RANIERI, SALVATORE A	2.2 NAME	
STREET ADDRESS	50 CHARLES LINDBERGH BLVD, STE 500	2.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SHAY, SCOTT A	3.2 NAME	
STREET ADDRESS	50 CHARLES LINDBERGH BLVD, STE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY	3.4 CITY-ST-ZIP	
TITLE	VAS	4.1 TITLE	☐ Change ☐ Addition
NAME	GOLUSH, DAVID M	4.2 NAME	
STREET ADDRESS	50 CHARLES LINDBERGH BLVD, STE 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	☐ Change ☐ Addition
NAME	MARCUS, DAVID W	5.2 NAME	
STREET ADDRESS	50 CHARLES LINDBERGH BLVD, STE 500	5.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Assistant Secretary ☐ Change XX Addition
NAME		6.2 NAME	Jenkins, Sondra R.
STREET ADDRESS		6.3 STREET ADDRESS	c/o HCSC, 655 Winding Brook Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Glastonbury, Connecticut 06033

CR2E034 (3/95)

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: DAVID W. MARCUS VICE PRESIDENT AND ASSISTANT SECRETARY 6/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

017F0M FN