

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 # 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

3. Date Incorporated or Qualified

05/13/1993

3a. Date of Last Report

07/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-3692612

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 date of signature)

Signature (typed or printed name of registered agent and date of signature)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RANIERI, LEWIS S
50 CHARLES LINDBERGH BLVD, STE 500
UNIONDALE NY

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
RANIERI, SALVATORE A
50 CHARLES LINDBERGH BLVD, STE 500
UNIONDALE NY

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SHAY, SCOTT A
50 CHARLES LINDBERGH BLVD, STE 500
UNIONDALE NY

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
GOLUSH, DAVID M
50 CHARLES LINDBERGH BLVD, STE 500
UNIONDALE NY

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
MARCUS, DAVID W
50 CHARLES LINDBERGH BLVD, STE 500
UNIONDALE NY

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
AS
JENKINS, SONORA R.
C/O HCSC, 655 WINDING BROOK DRIVE
GLASTONBURY CO

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT AND
ASSISTANT SECRETARY

4/26/96

Date

Daytime Phone #

CR2E034 (12/95)