

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P38925

(4)

1. Corporation Name

HCC REAL ESTATE XIII, 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

05/21/1992

3a. Date of Last Report

07/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0331393

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

Country

30

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

9. 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 the filer (if applicable)

Date Registered Agent Signature required when dissolving

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

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

TITLE DVS ☐ DELETE

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

TITLE DV ☐ DELETE

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

TITLE VAS ☐ DELETE

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

TITLE VAS ☐ DELETE

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

TITLE AS ☒ DELETE

NAME JENKINS, SONDR R
STREET ADDRESS C/O HCSC, 655 WINDING BROOK DRIVE
CITY-ST-ZIP GLASTONBURY CT

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DVAS 400001817804
-05/13/96--01018-011
***200.00

DVAS

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)