

4-3-97 13-0283 C  
**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**

**Sep 03 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000002242 (6)**  
 1. Corporation Name  
**HCC REAL ESTATE XXXVII INC.**



Principal Place of Business <b>HYPERION CREDIT SERVICES CORPORATION 655 WINDING BROOK DRIVE GLASTONBURY CT 06033</b>	Mailing Address <b>HYPERION CREDIT SERVICES CORPORATION 655 WINDING BROOK DRIVE GLASTONBURY CT 06033</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>05/13/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>13-3692612</b>	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip 24	Zip 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Country 25	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>RANIERI, LEWIS S</b>	
STREET ADDRESS	<b>50 CHARLES LINDBERGH BLVD, STE 500</b>	
CITY-ST-ZIP	<b>UNIONDALE NY</b>	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	<b>RANIERI, SALVATORE A</b>	
STREET ADDRESS	<b>50 CHARLES LINDBERGH BLVD, STE 500</b>	
CITY-ST-ZIP	<b>UNIONDALE NY</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>SHAY, SCOTT A</b>	
STREET ADDRESS	<b>50 CHARLES LINDBERGH BLVD, STE 500</b>	
CITY-ST-ZIP	<b>UNIONDALE NY</b>	
TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	<b>GOLUSH, DAVID M</b>	
STREET ADDRESS	<b>50 CHARLES LINDBERGH BLVD, STE 500</b>	
CITY-ST-ZIP	<b>UNIONDALE NY</b>	
TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	<b>MARCUS, DAVID W</b>	
STREET ADDRESS	<b>50 CHARLES LINDBERGH BLVD, STE 500</b>	
CITY-ST-ZIP	<b>UNIONDALE NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 *DAVID W. MARCUS* 6/22/07

CR2E034 (4/97)