

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 831700 (0)

1. Corporation Name
HSBC SECURITIES, INC.



Principal Place of Business: **140 BROADWAY 19TH FLOOR NEW YORK NY 10005-1101 US**

Mailing Address: **140 BROADWAY 19TH FLOOR NEW YORK NY 10005-1101 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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3. Date Incorporated or Qualified
01/24/1974

4. FEI Number
13-2650272

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	O'DONNELL, JAMES J	
STREET ADDRESS	140 BROADWAY 18TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	ABRAHAMS, RICHARD	
STREET ADDRESS	140 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 0	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SOBIN, LARRY	
STREET ADDRESS	140 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SOBIN, LARRY	
STREET ADDRESS	140 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BURLANT, GAIL A	
STREET ADDRESS	140 BROADWAY 19TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TICKNER, RICHARD	
STREET ADDRESS	140 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	

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	Executive Managing Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeffrey D. Haroldson	
2.3 STREET ADDRESS	140 Broadway	
2.4 CITY-ST-ZIP	New York, NY 10005	
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	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Angelo R. LoMascolo	
5.3 STREET ADDRESS	140 Broadway	
5.4 CITY-ST-ZIP	New York, NY 10005	
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 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 addendum.

SIGNATURE: Angelo LoMascolo / Secretary 2/9/98 212-825-7508

CR2E034 (10/97)