PROFIT
CORPORÁTION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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**DOCUMENT #** 831700 1. Corporation Name HSBC SECURITIES, INC. FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90022 029 \*\*\*150.00

Principal Plac	e of Business	Mailing Address 140 Broadway	,		
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ប៉ុន្តិ" - `	SER, NI 10003	New York, NY	10005	DO NOT WRITE IN THI	S SPACE
		US TOLK, NI	10003	3. Date Incorporated or Qualifed	
				01/24/1974	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	Broadway	26 140 Broadw	ay	13-2650272	Not Applicable
Suite, Apt.	•	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
	Floor	27 10th Floor			Fee Required
City & Stat	e York, New York	City & State New York,	New York	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	- 8. This corporation owes the current year Ir	
24 1000	<u> </u>	29 10005 3	o US	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	94 Name	10. Name and Address of New Registered	d Agent
	orporation System	_	81 Name		
	S. Pine Island Ro	oad	82 Street	Address (P.O. Box Number is Not Acceptable)	
Plant	tation, FL 33324		83		
			63		
			84 City	FI	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 o	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	norized by the corpo	oration's board of directors. I hereby accept the appo	pintment as registered
•	m ramiliar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.		
SIGNATURE					
SIGNATORE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE; Re	egistered Agent signature r	equired when reinstating) DATE	
12.	Signature, typed or printed name of registered agent a OFFICERS AND	DIRECTORS	egistered Agent signature n	ADDITIONS/CHANGES TO OFFICERS A	
			•	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 ☐ Change 🙇 Addition
12.	OFFICERS AND P O'Donnell, James	DIRECTORS  S DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A P Anthony F. Rademeyer	
12.	OFFICERS AND P O'Donnell, James 140 Broadway 18	DIRECTORS  S Delete  S J.  th Floor	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A P Anthony F. Rademeyer 140 Broadway	
12. TITIED NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND P O'Donnell, James 140 Broadway 181 New York, NY 100	DIRECTORS  S J. th Floor  005	13. 1.1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A P Anthony F. Rademeyer	☐ Change 23 Addition
12. TITUS NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND P O'Donnell, James 140 Broadway 18t New York, NY 100	DIRECTORS  S Delete  S J.  th Floor	13. 1.1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A P Anthony F. Rademeyer 140 Broadway	
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12.  TITIE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND P O'Donnell, James 140 Broadway 181 New York, NY 100 T Sobin, Larry 140 Broadway New York, NY 100 Haroldson, Jeffi 140 Broadway New York, NY 100 S LoMascolo, Angel 140 Broadway	DIRECTORS  STOCK  STOCK	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 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	ADDITIONS/CHANGES TO OFFICERS A P Anthony F. Rademeyer 140 Broadway New York, NY 10005  D Letzler, Jeffrey T. 140 Broadway New York, NY 10005 S	☐ Change
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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 address, with all other like empowered. SIGNATURE:

CITY-ST-ZIP

Gail A. Burlant RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/26/99

(212)656-7199

CR2E034 (11/98)