FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 21, 2004 8:00 am Secretary of State

DOCUMENT# 831700 1. Entity Name HSBC Securities, Inc. (Formerly) HSBC Securities (USA) Inc.		04-21-2004 90029 037 ***158.75	
DO NOT WRITE IN THIS SP	ACE	94058014	
2. Principal Place of Business 452 Fifth Avenue Suite, Apt. #, etc. Tower 7 3. Mailing Address 452 Fifth A Suite, Apt. #, etc. Tower 7		DO NOT WRITE IN THIS SPACE	
New York, NY 10018 New York, N	NY 10018 '	Applied For Not Applicable	
Zip Country Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	7.	Name and Address of Current Registered Agent	
DO NOT WRITE Street Address (P		Corporation System	
		D. Box Number is Not Acceptable)	
		S. Pine Island Road	
	City Plant	ation FL 33324	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Antended UBR is \$61.25 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS			
NAME Anthony T Murphy	TITLE NAME	CRZE034B (12/01)	
Anthony J. Murphy STREET ADDRESS 452 Fifth Avenue	STREET ADORESS		
CITY-ST-ZIP New York, NY 10018	CITYST-ZIP	953	
TITLE T	TITLE	RZ	
NAME Steven N. Lombardo STREET ADDRESS 452 Fifth Avenue	NAME CYPET ADODGE	O	
GITY-ST-ZIP New York, NY 10018	STREET ADORESS CITY-ST-ZIP		
THE AS	TITLE		
NAME Ian Kirschner	NAME:		
STREET ADDRESS 452 Fifth Avenue	STREET ADORESS	DO NOT WRITE	
CHY-ST-ZIP New York, NY 10018	CITY-ST-ZIP		
THE D NAME Richard G. Coles	TITLE	IN THIS SPACE	
STREET ADDRESS 452 Fifth Avenue	STREET ADORESS		
CITY-SI-ZIP New York, NY 10018	CHY-SJ-ZIP		
TILE D	TITLE		
NAME Joseph M. Petri STREET ADDRESS 452 Fifth Avenue	NAME STREET ADDRESS		
STREET ADDRESS 452 Fiith Avenue CITY-SI-ZIP New York, NY 10018	CITY-ST-ZIP	j	
Time M	TITLE		
;	(1104.	4	
NAME Kevin Finnegan	NAME	1	
NAME STREET ADDRESS GUY-ST-ZIP New York, NY \(\sqrt{1}\) 0018			

enter euy cerury unacure miermation supplined wint mis ming obes not quainty for the exemption stated in Section 119.07(3)(t), Florida Statutes. Hurther certify that the information indicated on this report of supplemental 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 postery improved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an addirect, with an addirect, with an addirect.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/2004 Date

212-525-5456 Daytiree Phone #