2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State
03-15-2006 90115 018 ***158.75

DOCUMENT # 831700

1. Entity Name
HSBC SECURITIES (USA) INC.

Principal Place of Business	Mailing Address
452 FIFTH AVENUE TOWER 7 NEW YORK, NY 10018 US	452 FIFTH AVENUE TOWER 7 NEW YORK, NY 10018 US

DO NOT WRITE IN THIS SPACE

02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-2650272
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	MURPHY, ANTHONY J
STREET ADDRESS	452 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	S
NAME	KRISCHNER, IAN
STREET ADDRESS	452 FIFTH AVE
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	D
NAME	PETRI, JOSEPH
STREET ADDRESS	452 FIFTH AVE.
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	CCOM
NAME	WONG, WILLIAM
STREET ADDRESS	452 FIFTH AVE
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	COOD
NAME	JONES, ROBIN D
STREET ADDRESS	452 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ian Kirschner/Secretary 03/13/06 212-525-8119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #