

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90122 018 ***150.00

DOCUMENT # 831700

1. Entity Name
HSBC SECURITIES, INC. (Formerly)
HSBC Securities (USA) Inc.



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

Mailing Address
452 FIFTH AVENUE
TOWER 7
NEW YORK NY 10018
US

2. Principal Place of Business
452 Fifth Avenue
Suite, Apt. #, etc.
Tower - 7

3. Mailing Address
452 Fifth Avenue
Suite, Apt. #, etc.
Tower - 7

City & State
New York, NY 10018

City & State
New York, NY 10018

4. FEI Number **13-2650272**

Applied For
Not Applicable

Zip
10018

Country
USA

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFF, JOHN B 452 FIFTH AVENUE NEW YORK NY 10018	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOMBARDO, STEVEN N 452 FIFTH AVENUE NEW YORK NY 10018	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOMASCOLO, ANGELO R 452 FIFTH AVENUE NEW YORK NY 10018	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAROLDSON, JEFFREY D 590 MADISON AVENUE NEW YORK NY 10022	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FINNEGAN, KEVIN 452 FIFTH AVENUE NEW YORK NY 10018	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BURLANT, GAIL A 452 FIFTH AVENUE NEW YORK NY 10018	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Anthony J. Murphy 452 Fifth Avenue New York, NY 10018	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard G. Coles 452 Fifth Avenue New York, NY 10018	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph M. Petri 452 Fifth Avenue New York, NY 10018	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey D. Haroldson 452 Fifth Avenue New York, NY 10018	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: *Kevin Finnegan* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/2003 212-525-5456

Date Daytime Phone #

CR2E034 (10/02)