

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90315 043 \*\*\*150.00

**DOCUMENT # P29558**

1. Entity Name  
**HSBC REALTY CREDIT CORPORATION (USA)**

Principal Place of Business

Mailing Address

1 HSBC CENTER  
 15TH FLOOR  
 BUFFALO NY 14203

1 HSBC CENTER  
 15TH FLOOR  
 BUFFALO NY 14203  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **16-1370571**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**110 NORTH MAGNOLIA STREET**  
**TALLAHASSEE FL 32301**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> TOOHEY, PHILIPS S. ONE HSBC CENTER BUFFALO NY 14203	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>P</b> NAGLE, GERALD A 1 MARINE MIDLAND CENTER BUFFALO NY 14203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ONE HSBC CENTER
<input type="checkbox"/> Delete	<b>EVP</b> MARTIN, PAUL E 1 MARINE MIDLAND CENTER BUFFALO NY 14203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ONE HSBC CENTER
<input type="checkbox"/> Delete	<b>SD</b> PHILIP S. TOOHEY 1 MARINE MIDLAND CENTER BUFFALO NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ONE HSBC CENTER
<input checked="" type="checkbox"/> Delete	<b>AT</b> RICH, RICHARD P. 1 MARINE MIDLAND CENTER BUFFALO NY 14203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ASST. TREASURER TRICIA GRAHAM ONE HSBC CENTER BUFFALO, NY 14203
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ASST SECRETARY HELEN KUJAWA ONE HSBC CENTER BUFFALO, NY 14203

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Helen Kujawa Helen Kujawa 4/9/01 716-841-5191  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)