FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am Secretary of State DOCUMENT # P29558 1. Entity Name 02-19-2002 90035 049 ***150.00 HSBC REALTY CREDIT CORPORATION (USA) Mailing Address Principal Place of Business 1 HSBC CENTER 1 HSBC CENTER 15TH FLOOR 15TH FLOOR **BUFFALO NY 14203 BUFFALO NY 14203** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 27th Floor 4. FEI Number Applied For 16-1370571 Not Applicable Country \$8.75 Additional Zip Zip П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .. THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE **▼** Delete TITLE NAME NAME TOOHEY, PHILIPS S. STREET ADDRESS STREET ADDRESS ONE HSBC CENTER CITY-ST-ZIP CITY-ST-ZIP **BUFFALO NY 14203** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME NAGLE, GERALD A STREET ADDRESS STREET ADDRESS ONE HSBC CENTER BUFFALO NY 14203 EVP CITY-ST-ZIP CITY-ST-ZIP TILLE I I Delete ___ Change__ _ 🔲 Addition NAME MARTIN, PAUL E NAME STREET ADDRESS ONE HSBC CENTER STREET ADDRESS CITY-ST-7IP **BUFFALO NY 14203** CITY-ST-ZIP TITLE Delete TITI F Change Addition NAME PHILIP S. TOOHEY NAME STREET ADDRESS ONE HSBC CENTER STREET ADDRESS CITY-ST-ZIF **BUFFALO NY** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRAHAM, TRICIA NAME STREET ADDRESS ONE HSBC CENTER STREET ADDRESS CITY-ST-ZIP **BUFFALO NY 14203** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME KOJAWA, HELEN HELEN KUJAWA NAME STREET ADDRESS ONE HSBC CENTER STREET ADDRESS CITY-ST-ZIP **BUFFALO NY 14203** CITY-ST-ZIP 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