


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00
Secretary of State

DOCUMENT # P29558	
1. Entity Name HSBC REALTY CREDIT CORPORATION (USA)	

Principal Place of Business 1 HSBC CENTER 27TH FLOOR BUFFALO, NY 14203	Mailing Address 1 HSBC CENTER 27TH FLOOR BUFFALO, NY 14203
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DO NOT WRITE IN THIS SPACE

02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1370571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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 NAGLE, GERALD A ONE HSBC CENTER BUFFALO, NY 14203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MALARKEY, CHARLES P ONE HSBC CENTER BUFFALO, NY 14203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, CRAIG N ONE HSBC CENTER BUFFALO, NY 14203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GRAHAM, TRICIA ONE HSBC CENTER BUFFALO, NY 14203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KUJAWA, HELEN ONE HSBC CENTER BUFFALO, NY 14203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEMAN, STEVEN R ONE HSBC CENTER BUFFALO, NY 14203

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 03/13/08-80015-002-150.00

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 fees empowered.

SIGNATURE:  DATE:  DAYTIME PHONE #: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR