

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 831700

**Entity Name:** HSBC SECURITIES (USA), INC.

**Current Principal Place of Business:**

452 FIFTH AVENUE  
NEW YORK, NY 10018

**Current Mailing Address:**

452 FIFTH AVENUE  
NEW YORK, NY 10018 US

**FEI Number:** 13-2650272

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SR VICE PRESIDENT  
Name GARCIA, JUAN L  
Address 452 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10018

Title SR VICE PRESIDENT  
Name THACKER, MONIQUE N  
Address 452 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name MEISSNER, ALEXIS VASQUEZ  
Address 8 EAST 40TH STREET  
City-State-Zip: NEW YORK NY 10016

Title CFO  
Name LOMBARDO, STEVEN  
Address 1 WEST 39TH STREET  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name PIERCE, GREGORY  
Address 452 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR, PRESIDENT, CEO  
Name ROLAND, THIERRY  
Address 452 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10018

Title TREASURER  
Name WHITE, SUZY  
Address 452 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10018

Title SECRETARY  
Name KUJAWA, HELEN J  
Address 95 WASHINGTON ST.  
City-State-Zip: BUFFALO NY 14203

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THIERRY ROLAND

**PRESIDENT**

**04/13/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BOARDMAN, MICHAEL M  
Address        330 MADISON AVE  
City-State-Zip: NEW YORK NY 10016