

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03151

Entity Name: HSBC TAXPAYER FINANCIAL SERVICES INC.**Current Principal Place of Business:**1 CHRISTINA CENTER
301 N WALNUT
WILMINGTON, DE 19801**Current Mailing Address:**1421 W. SHURE DR.
STE 100
ARLINGTON HEIGHTS, IL 60004 US**FEI Number:** 51-0271105**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	DIRECTOR
Name	JARDINE, RALPH
Address	452 FIFTH AVE
City-State-Zip:	NEW YORK NY 10018

Title	T/VP
Name	REEVES, MIKE
Address	10 RAGSDALE DR
City-State-Zip:	MONTEREY CA 93940

Title	ASST. TREASURER
Name	BEHNKE, RICK L
Address	1421 W. SHURE DR. STE 100
City-State-Zip:	ARLINGTON HEIGHTS IL 60004

Title	SEC
Name	ZAREMBA, LYNNE C
Address	1421 W. SHURE DR. STE 100
City-State-Zip:	ARLINGTON HEIGHTS IL 60004

Title	PRESIDENT, DIRECTOR
Name	KRUPOWICZ, PHILIP
Address	1421 W. SHURE DR. STE 100
City-State-Zip:	ARLINGTON HEIGHTS IL 60004

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: RICK L BEHNKE**ASSISTANT TREASURER** 04/12/2017_____
Electronic Signature of Signing Officer/Director Detail_____
Date