

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P29558

**FILED**  
**Apr 18, 2018**  
**Secretary of State**  
**CC7902824620**

**Entity Name:** HSBC REALTY CREDIT CORPORATION (USA)

**Current Principal Place of Business:**

95 WASHINGTON STREET  
BUFFALO, NY 14203

**Current Mailing Address:**

1421 W. SHURE DR.  
STE 100  
ARLINGTON HEIGHTS, IL 60004 US

**FEI Number:** 16-1370571

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH 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 PD  
Name NAGLE, GERALD A  
Address 95 WASHINGTON STREET  
City-State-Zip: BUFFALO NY 14203

Title EVP  
Name DEZEGO, RICHARD C  
Address 452 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name WRIGHT, CRAIG N  
Address 95 WASHINGTON STREET  
City-State-Zip: BUFFALO NY 14203

Title AT  
Name GRAHAM, TRICIA  
Address 95 WASHINGTON STREET  
City-State-Zip: BUFFALO NY 14203

Title AS  
Name SNELL, PAMELA A  
Address 95 WASHINGTON STREET  
City-State-Zip: BUFFALO NY 14203

Title TREASURER  
Name TABAKA, WILLIAM  
Address 452 FIFTH AVE  
City-State-Zip: NEW YORK NY 10018

Title ASSISTANT TREASURER  
Name STIEGEL, JAMES  
Address 1421 W. SHURE DR.  
STE 100  
City-State-Zip: ARLINGTON HEIGHTS IL 60004

Title SECRETARY  
Name KUJAWA, HELEN  
Address 10 E 40TH ST  
City-State-Zip: NEW YORK NY 10016

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*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** 04/18/2018

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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