

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # 830472

1. Entity Name
HSBC RETAIL SERVICES INC.



Principal Place of Business

**2700 SANDERS RD
ATTN: VAS-3E
PROSPECT HTS, IL 60070 US**

Mailing Address

**2700 SANDERS RD.
TAX- 2 SOUTH
PROSPECT HEIGHTS, IL 60070 US**



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2705934	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

**CT CORPORATION SYSTEM
1200 S. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DP HOFF, JOSEPH W 2700 SANDERS RD PROSPECT HGTS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANGELO, J. M 2700 SANDERS ROAD PROSPECT HEIGHTS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HAJEED, ASIM K 2700 SANDERS RD PROSPECT HGTS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COLIP, C A 2700 SANDERS RD PROSPECT HEIGHTS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DAVENPORT, J.A. 2700 SANDERS RD PROSPECT HEIGHTS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MAJEED, ASIM K 2700 SANDERS RD PROSPECT HEIGHTS, IL

000000719178
05/01/07-80053-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph M. Angelo **-Joseph M. Angelo** 4-16-2007 847.564.0058