

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90095 047 \*\*\*150.00

**DOCUMENT # 830472**

1. Entity Name  
**HSBC RETAIL SERVICES INC.**



Principal Place of Business	Mailing Address
2700 SANDERS RD ATTN: VAS-3E PROSPECT HTS, IL 60070 US	2700 SANDERS RD. TAX- 2 SOUTH PROSPECT HEIGHTS, IL 60070 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

**HSBC Finance Corporation**

City & State **Tax Department - 1 SW**

**26525 N. Riverwoods Blvd.**

Zip **Mettawa, IL 60045**

Suite, Apt. #, etc.

**HSBC Finance Corporation**

City & State **Tax Department - 1 SW**

**26525 N. Riverwoods Blvd.**

Zip **Mettawa, IL 60045**

04212008 Chg-P CR2E034 (12/06)

4. FEI Number  
**36-2705934**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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	DP	<input checked="" type="checkbox"/> Delete
NAME	HOFF, JOSEPH W	
STREET ADDRESS	2700 SANDERS RD	
CITY-ST-ZIP	PROSPECT HGTS, IL	

TITLE	AS	<input type="checkbox"/> Delete
NAME	ANGELO, J. M	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL	

TITLE	VPT	<input type="checkbox"/> Delete
NAME	HAJEED, ASIM K	
STREET ADDRESS	2700 SANDERS RD	
CITY-ST-ZIP	PROSPECT HGTS, IL	

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	COLIP, C A	
STREET ADDRESS	2700 SANDERS RD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL	

TITLE	VS	<input type="checkbox"/> Delete
NAME	DAVENPORT, J.A.	
STREET ADDRESS	2700 SANDERS RD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL	

TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	MAJEED, ASIM K	
STREET ADDRESS	2700 SANDERS RD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.J. Burke	
STREET ADDRESS	26525 N. Riverwoods Blvd.	
CITY-ST-ZIP	Mettawa, IL 60045	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	26525 N. Riverwoods Blvd.	
STREET ADDRESS	Mettawa, IL 60045	
CITY-ST-ZIP		

TITLE	VPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spencer Allen	
STREET ADDRESS	26525 N. Riverwoods Blvd.	
CITY-ST-ZIP	Mettawa, IL 60045	

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	B. D. Hughes	
STREET ADDRESS	26525 N. Riverwoods Blvd.	
CITY-ST-ZIP	Mettawa, IL 60045	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	26525 N. Riverwoods Blvd.	
STREET ADDRESS	Mettawa, IL 60045	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/23/2008*

*224-544-6405*