2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #830472

1. Entity Name
HSBC RETAIL SERVICES INC.



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

04-29-2008 90095 047 ***150.00

Principal Plac	e of Business	Mailing Address		e.		
2700 SANDI	ERS RD	2700 SANDERS RD.				
ATTN: VAS-		TAX- 2 SOUTH		• .		
PROSPECT H	ITS, IL 60070 US	Prospect Heights, il. ϵ	60070 US		un sinci mania minci dan	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			2024 (42/06)	
HS	BBC Finance Corporation	HSBC Finance	ce Corporation	04212008 Chg-P CR	2E034 (12/06)	
City & 🖫 🛭	x Department - 1 SW	City & Statex Departm	ient - 1 SW	4. FEI Number	Ar	plied For
	525 N. Riverwoods Blvd.	26525 N. Riv	erwoods Blvd	36-2705934	No	ot Applicable
^{Zip} Me	ottawa, IL 60045 ^{try}	Zip Mettawa, IL 6	30045 ⁹	5. Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current		1	7 Name and Address of Nam Daviete	Fee Require	d
	b. Name and Address of Current	Kedistelan Adaut	Name	7. Name and Address of New Register	eu Agent	
CT CORP	ORATION SYSTEM		***************************************			
1200 S. PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)			
PLANTAT	ION, FL 33324					
			City		Zip Cod	e
R The above	named estitus submits this statement to	r the oursees of changing its re-	sistered office or recir			
	tions of registered agent.	ir the purpose of changing its re-	gistered office or regis	stered agent, or both, in the State of Florida. I	am ramiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if annificable (MINTE: D.	legistered Agent signature requ	that when receiption)	ιτΕ	
	organical printed and a registrated again	and use in approache; (INC) II.	iographico Agent suga isotre requ	DECEMBER SEEDING)		
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	E NOW!!! FEE IS \$150.00	1	· — ·			
After M	ay 1, 2008 Fee will be \$550.	DD 1 Hast Lang Countries	ution. \square A	idded to Fees		
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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 cath; 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: 9 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/23/2008

224-544-6405 Daytime Phone #