

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90315 020 ***150.00

DOCUMENT # 831700
1. Entity Name
 HSBC Securities (USA) Inc.

Principal Place of Business
 140 Broadway
 10th Floor
 New York, New York 10005

Mailing Address
 140 Broadway
 10th Floor
 New York, New York 10005

2. Principal Place of Business
 140 Broadway

3. Mailing Address
 140 Broadway

Suite, Apt. #, etc.
 10th Floor

Suite, Apt. #, etc.
 10th Floor

City & State
 New York, New York

City & State
 New York, New York

Zip
 10005

Country
 US

Zip
 10005

Country
 US

4. FEI Number
 13-2650272

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete	NAME Anthony F. Rademeyer
STREET ADDRESS 140 Broadway		CITY-ST-ZIP New York, New York 10005
TITLE T	<input checked="" type="checkbox"/> Delete	NAME John R. Moran
STREET ADDRESS 140 Broadway		CITY-ST-ZIP New York, New York 10005
TITLE D	<input type="checkbox"/> Delete	NAME Jeffrey D. Haroldson
STREET ADDRESS 140 Broadway		CITY-ST-ZIP New York, New York 10005
TITLE D	<input checked="" type="checkbox"/> Delete	NAME Jeffrey T. Letzler
STREET ADDRESS 140 Broadway		CITY-ST-ZIP New York, New York 10005
TITLE S	<input type="checkbox"/> Delete	NAME Gail A. Burlant
STREET ADDRESS 140 Broadway		CITY-ST-ZIP New York, New York 10005
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Steven N. Lombardo
STREET ADDRESS 140 Broadway		CITY-ST-ZIP New York, New York 10005
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Angelo R. LoMascolo
STREET ADDRESS 140 Broadway		CITY-ST-ZIP New York, New York 10005
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Gail A. Burlant** **4/26/2000** **(212) 658-7199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (999)