


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Monahan</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 846344 (0)</b>		1. Corporation Name <b>HSBC FUTURES, INC.</b>			
Principal Place of Business <b>140 BROADWAY NEW YORK NY 10005</b>		Mailing Address <b>140 BROADWAY NEW YORK NY 10005-1101</b>			



2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		3. Date Incorporated or Qualified <b>06/26/1980</b>		3a. Date of Last Report <b>04/12/1996</b>	
4. FEI Number <b>13-3023359</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)		DATE	
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	<b>PD</b>	<b>PATTI, ALFRED J.</b>	<b>140 BROADWAY NEW YORK NY</b>	<input type="checkbox"/> DELETE	
	<b>V</b>	<b>ZAMSKI, RONALD J</b>	<b>140 BROADWAY NEW YORK, NY 00000</b>	<input checked="" type="checkbox"/> DELETE	
	<b>V</b>	<b>DAMILATIS, CHRIS</b>	<b>140 BROADWAY NEW YORK NY</b>	<input checked="" type="checkbox"/> DELETE	
	<b>S</b>	<b>HAROLDSON, JEFFREY D</b>	<b>140 BROADWAY NEW YORK NY</b>	<input checked="" type="checkbox"/> DELETE	
	<b>AV</b>	<b>KAZAN, PETER</b>	<b>140 BROADWAY NEW YORK NY</b>	<input checked="" type="checkbox"/> DELETE	
		<b>*** SEE ATTACHMENT ***</b>			<input type="checkbox"/> DELETE
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
	<b>Treasurer</b>	<b>Damilatis, Chris</b>	<b>140 Broadway New York, New York 10005</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
	<b>Secretary</b>	<b>Gail A. Burlant</b>	<b>140 Broadway New York, New York 10005</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
	<b>Assistant Secretary</b>	<b>Larry S. Candido</b>	<b>140 Broadway New York, New York 10005</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: <i>Gail A. Burlant</i>		Gail A. Burlant/Secretary		4/29/97		212-825-5099	
SIGNATURE AND		ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (9/96)



**HSBC FUTURES, INC.  
BOARD OF DIRECTORS**

Michael G. Heald, Chair  
Alfred J. Patti  
Colin F. Bamford  
Chris Damilatis  
Joseph Murphy  
James J. O'Donnell  
Anthony F. Rademeyer  
Michael Stone

Gail A. Burlant, Secretary  
Larry S. Candido, Assistant Secretary