

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90261 010 \*\*\*550.00

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**DOCUMENT # F00000000836**1. Entity Name  
**HSBC BANK USA**

Principal Place of Business

**ONE HSBC CENTER  
BUFFALO NY 14203**

Mailing Address

**ONE HSBC CENTER  
BUFFALO NY 14203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**13-2774727**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525****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

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

(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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>BOND, JOHN R.H.</b>	
STREET ADDRESS	<b>10 LOWER THAMES STREET</b>	
CITY-ST-ZIP	<b>LONDON EC3R 6AE UNITED KINGD</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALFIERO, SALVATORE H</b>	
STREET ADDRESS	<b>501 JOHN JAMES AUDOBON PARKWAY</b>	
CITY-ST-ZIP	<b>AMHERST NY 14228</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLEAVE, JAMES H</b>	
STREET ADDRESS	<b>452 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10018</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FERGUSON, FRANCES D</b>	
STREET ADDRESS	<b>VASSAR COLLEGE, THE PRESIDENTS HOUSE BOX43</b>	
CITY-ST-ZIP	<b>POUGHKEEPSIE NY 12604-0043</b>	
TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete
NAME	<b>NASR, YOUSSEF A</b>	
STREET ADDRESS	<b>452 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10018</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>TOOHEY, PHILIP S</b>	
STREET ADDRESS	<b>ONE HSBC CENTER</b>	
CITY-ST-ZIP	<b>BUFFALO NY 14203</b>	

**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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Alfiero, Salvatore H.</b>	
STREET ADDRESS	<b>2150 Elmwood Avenue</b>	
CITY-ST-ZIP	<b>Buffalo, New York 14207</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cleave, James H.</b>	
STREET ADDRESS	<b>9108 Chickadee Way</b>	
CITY-ST-ZIP	<b>Blaine, Washington 98230</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Senior Executive Vice President,</b>	
STREET ADDRESS	<b>General Counsel &amp; Secretary</b>	
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:

**Philip S. Toohey**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-12-01 716-841-2424**

CR2E034 (5/01)

**HSBC BANK USA**  
**Executive Officers**

Attachment  
D# F0000000836

CDO73690

<u>Name</u>	<u>Title</u>
Youssef A. Nasr 452 Fifth Avenue New York, NY 10018	President and Chief Executive Officer
Leslie E. Bains 452 Fifth Avenue New York, NY 10018	Senior Executive Vice President
Niall S.K. Booker 452 Fifth Avenue New York, NY 10018	Senior Executive Vice President
Robert M. Butcher One HSBC Center Buffalo, NY 14203	Senior Executive Vice President & Chief Financial Officer
Alexander A. Flockhart One HSBC Center Buffalo, NY 14203	Senior Executive Vice President
Paul L. Lee 452 Fifth Avenue New York, NY 10018	Senior Executive Vice President
Vincent J. Mancuso One HSBC Center Buffalo, NY 14203	Senior Executive Vice President
Robert H. Muth 452 Fifth Avenue New York, NY 10018	Senior Executive Vice President
Joseph M. Petri 452 Fifth Avenue New York, NY 10018	Senior Executive Vice President
Iain A. Stewart 452 Fifth Avenue New York, NY 10018	Senior Executive Vice President

Philip S. Toohey  
One HSBC Center  
Buffalo, NY 14203

George T. Wendler  
452 Fifth Avenue  
New York, NY 10018

Senior Executive Vice President,  
General Counsel & Secretary

Senior Executive Vice President &  
Chief Credit Officer

Attachment  
D#F0000000836

COO B1090