



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90007 042 ***158.75

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|---|--|--|--|--|--|
| DOCUMENT # F00000002687 1. Entity Name HSBC INSURANCE AGENCY (USA) INC. | | | |  | |
| Principal Place of Business ONE HSBC CENTER, 27TH FLOOR BUFFALO, NY 14203 | | | | Mailing Address ONE HSBC CENTER, 27TH FLOOR BUFFALO, NY 14203 | |
| 2. Principal Place of Business 452 Fifth Avenue | | 3. Mailing Address 452 Fifth Avenue | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01122006 Chg-P CR2E034 (11/05) | |
| City & State New York | | City & State New York | | 4. FEI Number 16-1563289 | |
| Zip 10018 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCCARTHY, J KEVIN 200 SOMERSET CORP BLVD BRIDGEWATER, NJ 08807 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Assistant Secretary Pamela Pickel One HSBC Center, Buffalo, NY 14203-2827 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WEBER, DAVID M 95 WASHINGTON ST 5N BUFFALO, NY 14273 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Jeffrey J. Medeiros 200 Somerset Corp. Boulevard Bridgewater, NJ 08807 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WRIGHT, CRAIG N ONE HSBC CENTER BUFFALO, NY 14203 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SIMPSON, JOSEPH R ONE HSBC CENTER BUFFALO, NY 14203 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCDONAGH, BRENDAN ONE HSBC CENTER BUFFALO, NY 14203 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PIRRAGLIA, JOHN D 452 FIFTH AVENUE NEW YORK, NY 10018 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: 2-1-06 Daytime Phone #: 716-841-4169 | | |

Pamela Pickel, Assistant Secretary