


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000005625 1. Entity Name HSBC MOTOR CREDIT (USA) INC.	
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Principal Place of Business ONE HSBC CENTER BUFFALO, NY 14203	Mailing Address 2700 SANDERS RD TAX DEPT 2S PROSPECT HEIGHTS, IL 60070
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DO NOT WRITE IN THIS SPACE



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1402360

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	U00000504080 04/26/06-80057-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD WHELEHAN, KATHLEEN R ONE HSBC CENTER BUFFALO, NY 14203
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V MULE, SALVADORE ONE HSBC CENTER BUFFALO, NY 14203
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V WIENCEK, MARK A ONE HSBC CENTER BUFFALO, NY 14203
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T MANN, MICHAEL G ONE HSBC CENTER BUFFALO, NY 14203
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AT ANGELO, JOSEPH 2700 SANDERS RD PROSPECT HEIGHTS, IL 60070
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

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: Joseph M. Angelo Joseph M. Angelo 4/3/2006 847.564.605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #