## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000006415

HSBC TECHNOLOGY & SERVICES (USA) INC.

1. Entity Name

## FILED May 16, 2005 8:00 am Secretary of State 05-16-2005 90204 022 \*\*\*150.00

Principal Place of Business			Mailing Address						
1501 FEEHANVILLE DR MOUNT PROSPECT, IL 60056			1501 FEEHANVILLE DR Mount Prospect, IL 60056			A SERVICE OF		90527	
2. Principal Place of Business 3				3. Mailing Address 2700 SANDEBS Bd					
Suite, Apt. #, etc.			Suite, Apt. #, etc	Suite, Apt. #, etc. TAX Sept. 25			Chg-P CR2E	034 (10/03)	1
City & State			City & State			4. FEI Numb	•	J	pplied For lot Applicable
Zip Country			2ip 60070	21p Country US		5. Certificate	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)				
					City		FI	Zip Cod	de
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign File Trust Fund Contribution						\$5.00 May Be Added to Fees	In accordance with s. 60 corporation did not recei	7.193(2)(b) ve the prior	, F.S., the notice.
10.	1	OFFICERS AND	DIRECTORS	ECTORS 11.		ADDITIONS	/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	2700 SAN			Delete TITLE  NAME  STREET AI  CITY-ST-				Change	■ Addition
IFILE	DVP	T HEIGHTS, IL 6007							- Admi-
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NAME STREET AODRESS	SHANK, A 2700 SAN	DERS RD		NAME Street					
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TITLE			☐ Delet	e TITL	E	.,		☐ Change	☐ Addition
NAME STREET ADDRESS			•	NAM				S	
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP		•		· •
12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
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