

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000006415

1. Entity Name
HSBC TECHNOLOGY & SERVICES (USA) INC.



Principal Place of Business
1501 FEEHANVILLE DR
MOUNT PROSPECT, IL 60056

Mailing Address
2700 SANDERS RD
TAX DEPT 25
PROSPECT HEIGHTS, IL 60070



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0362763

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

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARMISHAW, ANDREW C
STREET ADDRESS 2700 SANDERS RD
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

TITLE DVP
NAME LENZ, LIONEL
STREET ADDRESS 1501 FEEHANVILLE DR
CITY-ST-ZIP MOUNT PROSPECT, IL 60056

TITLE SVP
NAME SHANK, ALLISON
STREET ADDRESS 2700 SANDERS RD
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

TITLE AS
NAME ANGELO, JOSEPH M
STREET ADDRESS 2700 SANDERS RD
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

TITLE AS
NAME LANKES, JOHN C
STREET ADDRESS ONE HSBC CENTER
CITY-ST-ZIP BUFFALO, NY 14203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000719173
05/01/07-80053-013 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Angelo 4-16-07

Date

847.564.7058
Daytime Phone #