

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90095 021 \*\*\*150.00

**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

**40089206**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		20-0362763		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip					

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME ARMISHAW, ANDREW C STREET ADDRESS 2700 SANDERS RD CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070	<input type="checkbox"/> Delete	TITLE NAME 26525 N. Riverwoods Blvd. STREET ADDRESS Mettawa, IL 60045 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP NAME LENZ, LIONEL STREET ADDRESS 1501 FEEHANVILLE DR CITY-ST-ZIP MOUNT PROSPECT, IL 60056	<input type="checkbox"/> Delete	TITLE NAME C.C. Lirat STREET ADDRESS 26525 N. Riverwoods Blvd. CITY-ST-ZIP Mettawa, IL 60045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SVP NAME SHANK, ALLISON STREET ADDRESS 2700 SANDERS RD CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 26525 N. Riverwoods Blvd. CITY-ST-ZIP Mettawa, IL 60045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME ANGELO, JOSEPH M STREET ADDRESS 2700 SANDERS RD CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 26525 N. Riverwoods Blvd. CITY-ST-ZIP Mettawa, IL 60045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME LANKES, JOHN C STREET ADDRESS ONE HSBC CENTER CITY-ST-ZIP 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	<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: *Joseph M. Angelo* 4/23/2008 224-544-6405  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #