

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000005977

1. Entity Name  
HSBC CARD SERVICES INC.



Principal Place of Business  
2700 SANDER ROAD  
PROSPECT HEIGHTS, IL 60070

Mailing Address  
2700 SANDER ROAD  
PROSPECT HEIGHTS, IL 60070



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-3669862

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, 2006 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	MENEZES, W.G.
STREET ADDRESS	1441 SCHILLING PLACE
CITY-ST-ZIP	SALINAS, CA 93901
TITLE	EVD
NAME	KIMBLE, T.M.
STREET ADDRESS	1441 SCHILLING PLACE
CITY-ST-ZIP	SALINAS, CA 93901
TITLE	EV
NAME	SPRUDE, M.A.
STREET ADDRESS	1441 SCHILLING PLACE
CITY-ST-ZIP	SALINAS, CA 93901
TITLE	CFO
NAME	REEVES, M.A.
STREET ADDRESS	1441 SCHILLING PLACE
CITY-ST-ZIP	SALINAS, CA 93901
TITLE	VC
NAME	FUGITT, S.
STREET ADDRESS	1441 SCHILLING PLACE
CITY-ST-ZIP	SALINAS, CA 93901
TITLE	VS
NAME	FERGUSON, P.S.
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070

UN00000559187  
05/17/06-80126-017 150.00

**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:

*Joseph M. Angelo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06

847.564.6058