## **12008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # F05000005977

1. Entity Name
HSBC CARD SERVICES INC.



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

04-29-2008 90095 049 \*\*\*150.00

Principal	Place of	Business
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Mailing Address

2700 SANDER ROAD

2700 SANDER ROAD

PROSPECT H	EIGH15, IL 60070	PROSPECT HEIGHTS, IL		· ,	25(0) Sub OSM 25m 25m	411 <b>AB</b> 144 <b>B</b> 8484 <b>A</b> 114 <b>A</b>				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	<u>, .</u>							
College Act	4 -1-	0 1 4 100 0				HI BEIN BEINS	18311 12811 128	11881 1  1281		
Suite, Apt. <b>HSB</b> (	#, etc.  C Finance Corporation	Suite, AHSBO Finance Tax Departme		04042008	Chg-P	CR2E034	(12/06)			
	epartment - 1 SW	20025 N Pina	Mussel- Di .	4. FEI Numbe			Ap	plied For		
TOTAL MICHAEL CONTRACTOR OF CO		1000s bivo.	36-3669	9862			t Applicable			
Zip Mettawa, IL 6004\$puntry		Zip	Country	5. Certificate	of Status Desired		<b>8.75</b> Add e Require			
	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New I	Registered Ag	ent			
			Name							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Street Address (P.O. Box Number is Not Acceptable)								
			City		·	FL	Zip Code	e		
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										
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees						
10.	OFFICERS AND (	DIRECTORS	ECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	☐ Delete	TITLE				Change	Addition		
NAME	BURKE, PATRICK J		NAME							
STREET ADDRESS	1441 SCHILLING PLACE		STREET ADDRESS							
CITY-ST-ZIP	SALINAS, CA 93901	-	CITY-ST-ZIP							
TITLE	EVD BASH OTTO STERLING	<b>∑</b> Defete	TITLE			E	Change	☐ Addition		
NAME STREET ADDRESS	BASILOTTO, STEPHEN C 1111 TOWN CENTER DR.		NAME STREET ADDRESS							
CITY-ST-ZIP	LAS VEGAS, NV 89144		CITY-ST-ZIP							
TITLE	EV	5 <b>7</b> 5 €	·				7.05			
NAME	SPRUDE, M.A.	° <b>∑</b> Delete	TITLE NAME			L	Change	☐ Addition		
STREET ADDRESS	1441 SCHILLING PLACE		STREET ADDRESS							
CITY-ST-ZIP	SALINAS, CA 93901		CITY-ST-ZIP							
TITLE	CFOV	☐ Delete	TITLE				Change	Addition		
NAME	REEVES, M.A.	L Delete	NAME				7 Mende	C) Addition		
STREET ADDRESS	1441 SCHILLING PLACE		STREET ADDRESS							
CITY-ST-ZIP	SALINAS, CA 93901		CITY-ST-ZIP							
TITLE	VC	☐ Delete	TITLE			F	Change	Addition		
NAME	FUGITT, S.	- Delice	NAME				_ Creatings			
STREET ADDRESS	1441 SCHILLING PLACE		STREET ADDRESS					i		
CITY-ST-ZIP	SALINAS, CA 93901		CITY-ST-ZIP							
TITLE	VS	<b>∑</b> Delete	TITLE				Change	☐ Addition		
NAME	FERGUSON, P.S.	7	NAME			-				
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS							
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		CITY-ST-ZIP							
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 emplowered.										

4/27/2008

224-554-6405

Daytime Phone #