1 of 3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F75378

1. Corporation Name
ONE MAIN STREET, INC.

REINSTATEMENT
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
One HSBC Center	One HSBC Center
Suite, Apt. #, etc.: 27th Floor	Suite, Apt. #, etc.: 27th Floor
City & State: Buffalo, New York	City & State: Buffalo, New York
Zip: 14203-2827 Country: USA	Zip: 14203-2827 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: April 6, 1982

5. FEI Number: 59-2195663 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan Date: CONNIE BRYAN SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	PLEASE SEE ATTACHED LIST		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Pamela Pickel 3-3-08 716-841-4169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell MAR 4 2008

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TALLAHASSEE, FLORIDA

ONE MAIN STREET, INC.

OFFICERS AND DIRECTORS

Gerald A. Nagle
President
One HSBC Center
Buffalo, New York 14203

Craig Lassen
Senior Vice President
452 Fifth Avenue
New York, New York 10018

Mark P. Giansante
Vice President
One HSBC Center
Buffalo, New York 14203

John C. Lankes
Vice President
One HSBC Center
Buffalo, New York 14203

Richard J. Werner
Vice President
8-10 East 40th Street
New York, New York 10018

Joseph R. Simpson
Treasurer
One HSBC Center
Buffalo, New York 14203

Gea Tung
Secretary
One HSBC Center
Buffalo, New York 14203

Helen Kujawa
Director and Assistant Secretary
One HSBC Center
Buffalo, New York 14203

Pamela A. Pickel
Assistant Secretary
One HSBC Center
Buffalo, New York 14203

David Stachura
Assistant Secretary
One HSBC Center
Buffalo, New York 14203

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TALLAHASSEE, FLORIDA

Florida Department of State

Division of Corporations
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Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

ONE MAIN STREET, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$900.00