

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F75378

Entity Name: ONE MAIN STREET, INC.

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

ONE HSBC CENTER
27TH FLOOR
BUFFALO, NY 14203

New Principal Place of Business:

Current Mailing Address:

ONE HSBC CENTER
27TH FLOOR
BUFFALO, NY 14203

New Mailing Address:

FEI Number: 59-2195663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: TUNG, GEA
Address: ONE HSBC CENTER
City-St-Zip: BUFFALO, NY 14203

Title: P () Delete
Name: NAGLE, GERALD A
Address: ONE HSBC CENTER
City-St-Zip: BUFFALO, NY 14203

Title: SVP () Delete
Name: LASSEN, CRAIG
Address: 452 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10018

Title: DAS () Delete
Name: KUJAWA, HELEN
Address: ONE HSBC CENTER
City-St-Zip: BUFFALO, NY 14203

Title: VP () Delete
Name: GIANANTE, MARK P
Address: ONE HSBC CENTER
City-St-Zip: BUFFALO, NY 14203

Title: AS () Delete
Name: PICKEL, PAMELA A
Address: ONE HSBC CENTER
City-St-Zip: BUFFALO, NY 14203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA PICKEL

AS

02/25/2009

Electronic Signature of Signing Officer or Director

Date