


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90218 001 \*\*\*450.00

<b>DOCUMENT # F94000005711</b> 1. Entity Name <b>HSBC AUTO ACCOUNTS INC.</b>					
Principal Place of Business <b>5855 COPLEY DR SAN DIEGO, CA 92111 US</b>			Mailing Address <b>2700 SANDERS RD TAX DEPT-25 PROSPECT HEIGHTS, IL 60070 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>33-0578610</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>PDEO</del> <b>MENEZES, W.G</b> <b>5855 COPLEY DR</b> <b>SAN DIEGO, CA 92111</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD/CEO</b> <b>John J. Haines</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>D</del> <b>WINDLE, D.H.</b> <b>5855 COPLEY DR</b> <b>SAN DIEGO, CA 92111</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D, EVP</b> <b>Gary S. Harman</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SGC</b> <b>MANCINI, R.E.</b> <b>2700 SANDERS RD</b> <b>PROSPECT HEIGHTS, IL 60070</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP, S, GIC</b> <b>Jeffrey B. Wood</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>EVP</del> <b>GORDON, T.R.</b> <b>5855 COPLEY DR</b> <b>SAN DIEGO, CA 92111</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP, T</b> <b>Joan M. Coppensath</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>POLAYES, F.M.</b> <b>2700 SANDERS RD</b> <b>PROSPECT HEIGHTS, IL 60070</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS</b> <b>ANGELO, JOSEPH M</b> <b>2700 SANDERS ROAD</b> <b>PROSPECT HEIGHTS, IL 60070</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: Joseph M. Angelo ~ Joseph M. Angelo</b> <b>4/29/05</b> <b>847.364.5000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					