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Feb 19, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005486

1. Corporation Name
HSBC BUSINESS LOANS, INC.

Principal Place of Business
ONE MARINE MIDLAND CENTER
BUFFALO NY 14203

Mailing Address
ONE MARINE MIDLAND CENTER
BUFFALO NY 14203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/08/1995

4. FEI Number
16-1490509

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HANNAN, W K JR
STREET ADDRESS ONE MARINE MIDLAND CENTER
CITY-ST-ZIP BUFFALO NY

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME STEIN, WAYNE T
STREET ADDRESS ONE MARINE MIDLAND CENTER
CITY-ST-ZIP BUFFALO NY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME SOMMER, MARY B
STREET ADDRESS ONE MARINE MIDLAND CENTER
CITY-ST-ZIP BUFFALO NY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME TOOHEY, PHILIP S
STREET ADDRESS ONE MARINE MIDLAND CENTER
CITY-ST-ZIP BUFFALO NY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AS
NAME HOLINKA, JOHN G
STREET ADDRESS ONE MARINE MIDLAND CENTER
CITY-ST-ZIP BUFFALO NY

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS
NAME KUJAWA, HELEN
STREET ADDRESS ONE MARINE MIDLAND CENTER
CITY-ST-ZIP BUFFALO NY

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27, 1999

Date

(716) 841-4450

Daytime Phone #

CR2E034 (11/98)