

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005486

1. Entity Name

HSBC BUSINESS LOANS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90012 006 ***150.00

Principal Place of Business

Mailing Address

ONE MARINE MIDLAND CENTER
BUFFALO NY 14203

ONE MARINE MIDLAND CENTER
BUFFALO NY 14203-2842

2. Principal Place of Business

3. Mailing Address

One HSBC Center
Suite, Apt. #, etc.

One HSBC Center
Suite, Apt. #, etc.
Floor 29

City & State

Buffalo, NY

City & State

Buffalo, NY

4. FEI Number

16-1490509

Applied For

Not Applicable

Zip
14203

Country
USA

Zip
14203

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HANNAN, W K JR	
STREET ADDRESS	ONE MARINE MIDLAND CENTER	
CITY-ST-ZIP	BUFFALO NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEIN, WAYNE T	
STREET ADDRESS	ONE MARINE MIDLAND CENTER	
CITY-ST-ZIP	BUFFALO NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOMMER, MARY B	
STREET ADDRESS	ONE MARINE MIDLAND CENTER	
CITY-ST-ZIP	BUFFALO NY	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOOHEY, PHILIP S	
STREET ADDRESS	ONE MARINE MIDLAND CENTER	
CITY-ST-ZIP	BUFFALO NY	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HOLINKA, JOHN G	
STREET ADDRESS	ONE MARINE MIDLAND CENTER	
CITY-ST-ZIP	BUFFALO NY	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KUJAWA, HELEN	
STREET ADDRESS	ONE MARINE MIDLAND CENTER	
CITY-ST-ZIP	BUFFALO NY	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	One HSBC Center
CITY-ST-ZIP	Buffalo, NY 14203
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	One HSBC Center
CITY-ST-ZIP	Buffalo, NY 14203
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	One HSBC Center
CITY-ST-ZIP	Buffalo, NY 14203
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	One HSBC Center
CITY-ST-ZIP	Buffalo, NY 14203

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W.K. Hannan, Jr.

2/18/00

(716) 841-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)