2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F95000005486

1. Entity Name
HSBC BUSINESS CREDIT (USA) INC.

FILED
05 JUN -2 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
452 FIFTH AVE 4TH FLOOR NEW YORK, NY 10018 US	452 FIFTH AVE 4TH FLOOR NEW YORK, NY 10018 US

05172005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 16-1400509 ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 01-05 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. I am familiar with and accept the obligations of registered agent.

100055851521
06/02/05--01036--001 **300.00

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HEFEER, JOHN 452 FIFTH AVE 4TH FLOOR BUFFALO, NY 10018	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gerald A. Nagle One HSBC Ctr Buffalo, NY 14203	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHAMROCK, JACALYN 452 FIFTH AVE 4TH FLOOR NEW YORK, NY 10018	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP Robert Rosenberg 452 Fifth Ave New York, NY 10018	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIMPSON, JOSEPH R ONE HSBC CENTER BUFFALO, NY 14203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDS TOOHEY, PHILIP S ONE HSBC CENTER BUFFALO, NY 14203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary & Director Craig N. Wright One HSBC Ctr Buffalo, NY 14203	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HOLINKA, JOHN G ONE HSBC CENTER BUFFALO, NY 14203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Robert Rosenberg 452 Fifth Ave T7 New York, NY 10018	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS KUJAWA, HELEN ONE HSBC CENTER BUFFALO, NY 14203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: _____ 5/26/06 212-525-6641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #