

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000002283**

1. Entity Name  
HSBC AUTO CREDIT INC.



Principal Place of Business

5855 COPLEY LN  
SAN DIEGO, CA 92111 US

Mailing Address

2700 SANDERS ROAD  
PROSPECT HEIGHTS, IL 60070 US



04132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

33-0751304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAINES, JOHN J
STREET ADDRESS	5855 COPLEY DRIVE
CITY-ST-ZIP	SAN DIEGO, CA 92111
TITLE	VT
NAME	COPPENRATH, JOAN M
STREET ADDRESS	2700 SANDERS RD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	VSGC
NAME	WOOD, JEFFREY B
STREET ADDRESS	2400 SANDERS RD
CITY-ST-ZIP	PROSPECT HTS, IL 60070
TITLE	AS
NAME	ANGELO, JOSEPH M
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	DEVP
NAME	HARMON, GARY S
STREET ADDRESS	5855 COPLEY DR
CITY-ST-ZIP	SAN DIEGO, CA 92111
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000719181  
05/01/07-80053-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Joseph M. Angelo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-16-07

Daytime Phone #

847.564.6058