2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # F98000005068

1. Entity Name
HSBC PRIVATE LABEL CORPORATION

Principal Place of Business	Mailing Address
2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070	2700 SANDERS ROAD TAX DEPT 25 PROSPECT HEIGHTS, IL 60070

04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2675918
☐ 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

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

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	DP
NAME	HOFF, JW
STREET ADDRESS	2700 SANDERS RD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	DV
NAME	DETELICH, T.M.
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	VCT
NAME	MAJEED, A.K.
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	AS
NAME	ANGLEO, J M
STREET ADDRESS	2700 SANDERS ROAD
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/07-80053-014 150.00

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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 - Joseph M. Angelo 4-16-2007 847.564.4058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #