


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90107 032 ***150.00

DOCUMENT # P03151 1. Entity Name HSBC TAXPAYER FINANCIAL SERVICES INC.					
Principal Place of Business 2700 SANDERS ROAD ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070			Mailing Address 2700 SANDERS ROAD ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070		
2. Principal Place of Business 90 Christama Road Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State New Castle, DE		City & State 		4. FEI Number 51-0271105	
Zip 19720		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COZZAI, PATRICK A 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JEWELL, S. B. 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS AGOSTA, J. C. 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLAYES, FAYE M 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANGELO, J M 2700 SANDERS RD PROSPECT HEIGHTS, IL 60070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF ARTMANN, S E 2700 SANDERS RD PROSPECT HEIGHTS, IL 60070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP PATRICK A. COZZA 200 Somerset Corp. Blvd. Bridgewater, NJ 08807				
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: <u>Joseph M. Angelo</u> <u>4/29/05</u> <u>847.564.5000</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					