

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90070 033 ***150.00

DOCUMENT # P03151

1. Entity Name

HSBC TAXPAYER FINANCIAL SERVICES INC.



Principal Place of Business

90 CHRISTIANA ROAD
NEW CASTLE, DE 19720

Mailing Address

2700 SANDERS ROAD
ATTN: TAX DEPT
PROSPECT HEIGHTS, IL 60070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006

Chg-P

CR2E034 (11/05)

4. FEI Number

51-0271105

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
DEV
COZZA, PATRICK A
200 SOMERSET CORP. BLVD
BRIDGEWATER, NJ 08807 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
JEWELL, S. B.
2700 SANDERS ROAD
PROSPECT HEIGHTS, IL 60070 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TAS
AGOSTA, J. C.
2700 SANDERS ROAD
PROSPECT HEIGHTS, IL 60070 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
ANGELO, J M
2700 SANDERS RD
PROSPECT HEIGHTS, IL 60070 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPCF
ARTMANN, S E
2700 SANDERS RD
PROSPECT HEIGHTS, IL 60070 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TAS
Joseph C. Lui
Same ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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

Joseph M. Angelo

Date

4/3/2006

Daytime Phone #

847.564.4058