2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P03151 1. Entity Name 04-26-2007 90189 010 ***150.00 HSBC TAXPAYER FINANCIAL SERVICES INC. Principal Place of Business Mailing Address 90 CHRISTIANA ROAD 2700 SANDERS ROAD NEW CASTLE, DE 19720 ATTN: TAX DEPT PROSPECT HEIGHTS, IL 60070 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132007 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 51-0271105 Not Applicable Zip Country Ziρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DEV ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME COZZA, PATRICK A NAME 200 SOMERSET CORP. BLVD STREET ADDRESS STREET ADDRESS BRIDGEWATER, NJ 08807 CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete VRS Change TITLE ☐ Addition JEWELL, S. B. NAME NAME ROSE C. MANCINI STREET ADDRESS STREET ADDRESS 2700 SANDERS ROAD CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070 CITY-ST-ZIP TAS TITLE TAS ☐ Delete TITLE ☐ Addition LUI, JOSEPH C NAME NAME Joseph C. Lui 200 somerset CORP. Blvd STREET ADDRESS 2700 SANDERS ROAD STREET ADDRESS Bridgewater, NJ 08807 CITY-ST-ZIP CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070 Delete TITLE AS TITLE ☐ Change ☐ Addition NAME ANGELO, J M NAME STREET ADDRESS STREET ADDRESS 2700 SANDERS RD CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070 CITY-ST-ZIP **VPCF** ☐ Delete TITLE TITI F ☐ Change Addition NAME ARTMANN, S E NAME 2700 SANDERS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070 CITY-ST-7IP Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

FILED