


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90095 050 ***150.00

DOCUMENT # P04524 1. Entity Name HFC COMMERCIAL REALTY, INC.			
Principal Place of Business 2700 SANDERS RD 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070 US		Mailing Address 2700 SANDERS RD TAX-2 SOUTH PROSPECT HEIGHTS, IL 60070 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. HSBC Finance Corporation		3. Mailing Address Suite, Apt. #, etc. HSBC Finance Corporation	
City Tax Department - 1 SW 26525 N. Riverwoods Blvd.		City Tax Department - 1 SW 26525 N. Riverwoods Blvd.	
Zip Mettawa, IL 60045		Zip Mettawa, IL 60045	
4. FEI Number 36-3334821		Applied For <input type="checkbox"/> Not Applicable	
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, 2008 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 VP POLAYES, FAYE M 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 26525 N. Riverwoods Blvd. Mettawa, IL 60045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP AS ANGELO, J.M. 2700 SANDERS ROAD PROSPECT HEIGHTS, IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 26525 N. Riverwoods Blvd. Mettawa, IL 60045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP SHANLEY, T.P. 2700 SANDERS RD PROSPECT HEIGHTS, IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 26525 N. Riverwoods Blvd. Mettawa, IL 60045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVP KESLER, W.H. 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60270	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 26525 N. Riverwoods Blvd. Mettawa, IL 60045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S WRIGHT, C.N. 1145 BC CENTER BUFFALO, NY 14203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i>		Date 4/23/2008 Daytime Phone # 224-554-6405	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			