

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05498

1. Entity Name
HSBC BROKERAGE (USA) Inc.

Principal Place of Business
452 5th Ave, 19 F1
New York, NY 10018

Mailing Address
452 5th Ave., 19 F1
New York, NY 10018

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OFFICE 24 APR 11:10

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-10/01/01--01068--018
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number
13-5101370

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

SIGNATURE _____ **DATE** _____
(NOTE: Registered Agent signature required when reissuing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME BELL, DOUGLAS STREET ADDRESS 140 BROADWAY CITY-ST-ZIP NEW YORK NY 10005	<input checked="" type="checkbox"/> Delete	TITLE CEOD
TITLE CEO	NAME BEGA, JEFFREY STREET ADDRESS 140 BROADWAY CITY-ST-ZIP NEW YORK NY 10005	<input checked="" type="checkbox"/> Delete	TITLE COO
TITLE D	NAME WAGMAN, ALAN STREET ADDRESS 140 BROADWAY CITY-ST-ZIP NEW YORK NY 10005	<input checked="" type="checkbox"/> Delete	TITLE CFO
TITLE CFO	NAME ALMQUIST, KARIN STREET ADDRESS 140 BROADWAY CITY-ST-ZIP NEW YORK NY 10005	<input checked="" type="checkbox"/> Delete	TITLE CTO
TITLE SCLO	NAME TUNG, GEA STREET ADDRESS 1 MARINE MIDLAND CENTER 27TH FLOOR CITY-ST-ZIP BUFFALO NY 14203	<input type="checkbox"/> Delete	TITLE Sales Director
TITLE Sales Director	NAME Thomas A. Ruggiero STREET ADDRESS 452 5th Ave CITY-ST-ZIP New York, NY 10018	<input checked="" type="checkbox"/> Addition	TITLE Sales Director
TITLE Sales Director	NAME Thomas A. Ruggiero STREET ADDRESS 452 5th Ave CITY-ST-ZIP New York, NY 10018	<input checked="" type="checkbox"/> Addition	TITLE Sales Director

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Gallino **9/21/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOSEPH GALLINO CCO**

CR2E034 (11/00)

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City & State

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Applied For

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Zip

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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary TUNG, GEA 1 HSBC CENTER, 27th Fl Buffalo, NY 14203	<input checked="" 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	CCO JOSEPH GALINO 452 5th Ave. New York, NY 10018	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director DAVID FRIED 1 HSBC CENTER, Atrium 5N Buffalo, NY 14203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richard Vartabedian 452 5th Ave. New York, NY 10018	<input type="checkbox"/> Change <input checked="" 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
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

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Joseph Gallina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH GALLINA, CCO

9/21/2001

CR2E034 (11/00)