FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State

05-02-2002 90109 009 ***158.75

1. Entity Name

DOCUMENT # P05498

HSBC BROKERAGE (USA) Inc.

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2. Principal Place of Business	3. Mailing Address
452 5th AVE	452 54n AVE
Suite, Apt. #, etc. 2nd FL	Suite, Apt. #, etc. 2nd FL
City & State NEW YORK, NEW YORK	City & State NEW YORK NEW YORK
7:	NEW JUICK, IVEW JOICIC

Vage

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable Country 0018 USA 10018 USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name CORPORATION **DO NOT WRITE** SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1201 HAYS STREET ASSER 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) January 15 May 1 Fee is \$150.00 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Heathweise After May 1; Fee is \$550.00 10. Election Campaign Financing Amended UBR is \$61.25 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS CEOD

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

MLE CONTRACTOR

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME -

NAME

NAME

11. TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIF

NAME

STREET ADDRESS

FABIAN SAMANIEGO 452 5th AVe New York, NY CFO KARL KREBS 452 5th Ave New York NY _10018

452 5th Ave.

New York, NY

COO

GREGORY H. WEBSTER

10018

10018

10018

CTO Thomas Furey Sales Director

1 HSBC PLAZA Rochester, NY CITY-ST-ZIP Sales Director Thomas A. Ruggiero TITLE NAME STREET ADDRESS 452 5th Ave ITY-ST-ZIP

DAVID COON NAME WAR STREET ADDRESS 14639 CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE

IN THIS SPACE

New York NY CITY-ST-ZIP _10018 3. 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 attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name

0018

HSBC BROKERAGE (USA) Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

452 5th AVE

Suite, Apt. #, etc.

2nd FL

City & State

NC 111 YOO V MEN MAKE

3. Mailing Address

452 5th AVE

Suite, Apt. #, etc.

2nd FL

City & State

NC 111 YOO V MEN MAKE

City & State

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Vonk

4. FEI Number
13-5101370

Applied For
Not Applicable

4. FEI Number
13-5101370

Rot Applied For
Not Applied For Appl

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent
Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City TALLAHASSEE FL Zip S

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

January 1 - May 1, Fee is \$150.00, After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State

 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS TITLE Secretary NAME TUNG, GEA I HSBC CENTER, 27th F1 Buffalo, NY 14203 STREET ADDRESS STREET ADDRESS CITY-ST-7IF TITLE MILE JOSEPH GALINO 452 5th Ave. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP New York, NY 10018 CITY-ST-ZIP TITLE Director TITLE : NAME DAVID FRIED NAME 1 HSBC CENTER, Atrium 5N Buffalo, NY 14203 STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP Director IN THIS SPACE Richard Vartabedian NAME 452 5th Ave. New York, NY STREET ADDRESS STREET ADDRESS 10018 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 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 on an

SIGNATURE:

SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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