

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2008 90095 011 \*\*\*150.00

**DOCUMENT # P10205**

1. Entity Name  
HSBC PAY SERVICES INC.



Principal Place of Business  
2700 SANDERS ROAD  
PROSPECT HEIGHTS, IL 60070 US

Mailing Address  
2700 SANDERS ROAD  
PROSPECT HEIGHTS, IL 60070 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.  
**HSBC Finance Corporation**  
**Tax Department - 1 SW**  
**26525 N. Riverwoods Blvd.**  
**Mettawa, IL 60045**

Suite, Apt. #, etc.  
**HSBC Finance Corporation**  
**Tax Department - 1 SW**  
**26525 N. Riverwoods Blvd.**  
**Mettawa, IL 60045**

04212008 Chg-P CR2E034 (12/06)

4. FEI Number  
51-0267996

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete  
NAME GONABE, STEVEN B  
STREET ADDRESS 2700 SANDERS ROAD  
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

TITLE VS ☒ Delete  
NAME CARLSON, MICHAEL M.  
STREET ADDRESS 2700 SANDERS ROAD  
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

TITLE TAS ☒ Delete  
NAME MICKEY, DENNIS J.  
STREET ADDRESS 2700 SANDERS ROAD  
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

TITLE DVP ☒ Delete  
NAME SODEIKA, LISA M.  
STREET ADDRESS 2700 SANDERS ROAD  
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

TITLE VP ☐ Delete  
NAME POLAYES, FAYE M.  
STREET ADDRESS 2700 SANDERS ROAD  
CITY-ST-ZIP PROSPECT HEIGHTS, IL 60070

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PP ☐ Change ☐ Addition  
NAME J. N Couture  
STREET ADDRESS 26525 N. Riverwoods Blvd.  
CITY-ST-ZIP Mettawa, IL 60045

TITLE VS ☐ Change ☐ Addition  
NAME J. T. Greene  
STREET ADDRESS 26525 N. Riverwoods Blvd.  
CITY-ST-ZIP Mettawa, IL 60045

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 26525 N. Riverwoods Blvd.  
CITY-ST-ZIP Mettawa, IL 60045

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 26525 N. Riverwoods Blvd.  
CITY-ST-ZIP Mettawa, IL 60045

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/2008

224.544.6405