
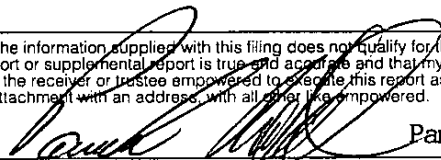


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90003 034 \*\*\*150.00

f/k/a

<b>DOCUMENT # P25132</b>							
1. Entity Name <b>HSBC LAND TITLE HOLDCO (USA) INC., CARD-FLO #2, INC.</b>							
Principal Place of Business		Mailing Address					
1 HSBC CENTER 27TH FLOOR BUFFALO, NY 14203 US		1 HSBC CENTER 27TH FLOOR BUFFALO, NY 14203 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	05202005 Chg-P CR2E034 (10/03)			
4. FEI Number <b>16-1350135</b>			Applied For Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	T	<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SIMPSON, JOSEPH R		NAME	Richard DeZego			
STREET ADDRESS	ONE HSBC CENTER		STREET ADDRESS	452 Fifth Avenue, New York, NY 10018			
CITY-ST-ZIP	BUFFALO, NY 14203		CITY-ST-ZIP				
P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUNTER, DAVID J		NAME				
STREET ADDRESS	2929 WALDEN AVENUE		STREET ADDRESS				
CITY-ST-ZIP	DEPEW, NY 14043		CITY-ST-ZIP				
SD	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TOOHEY, PHILIP, S		NAME	Helen Kujawa			
STREET ADDRESS	1 HSBC CENTER		STREET ADDRESS	One HSBC Center, Buffalo, NY 14203			
CITY-ST-ZIP	BUFFALO, NY		CITY-ST-ZIP				
AS	<input type="checkbox"/> Delete		TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KUJAWA, HELEN		NAME	Pamela A. Pickel			
STREET ADDRESS	1 HSBC CENTER		STREET ADDRESS	One HSBC Center, Buffalo, NY 14203			
CITY-ST-ZIP	BUFFALO, NY 14203		CITY-ST-ZIP				
	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 			Pamela Pickel		5-26-05 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					716-841-4169 Daytime Phone #		