

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P29558 1. Entity Name HSBC REALTY CREDIT CORPORATION (USA)					
Principal Place of Business 1 HSBC CENTER 27TH FLOOR BUFFALO, NY 14203			Mailing Address 1 HSBC CENTER 27TH FLOOR BUFFALO, NY 14203		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 16-1370571 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 C T CORPORATION SYSTEM 1200 SOUTH 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			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 NAME STREET ADDRESS CITY-ST-ZIP	PD NAGLE, GERALD A ONE HSBC CENTER BUFFALO, NY 14203 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven R. Hageman Director One HSBC Center, Buffalo, NY 14203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MALARKEY, CHARLES P ONE HSBC CENTER BUFFALO, NY 14203 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pamela Pickel Assistant Secretary One HSBC Center, Buffalo, NY 14203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, CRAIG N ONE HSBC CENTER BUFFALO, NY 14203 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph R. Simpson Treasurer One HSBC Center, Buffalo, NY 14203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GRAHAM, TRICIA ONE HSBC CENTER BUFFALO, NY 14203 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Giansante Senior Vice President One HSBC Center, Buffalo, NY 14203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KUJAWA, HELEN ONE HSBC CENTER BUFFALO, NY 14203 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	John C. Lankes Vice President One HSBC Center, Buffalo, NY 14203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNA, JOHN J ONE HSBC CENTER BUFFALO, NY 14203 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Stachura Assistant Secretary One HSBC Center, Buffalo, NY 14203 <input type="checkbox"/> Change <input checked="" 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 that I am empowered.					
SIGNATURE: _____ Pamela Pickel, Assistant Secretary, 12/20/07 716-841-4169 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

07 DEC 24 PM 12: 59

500113349005EA
12/21/07 01028-003 **150.00



REINSTATEMENT 07