

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 13, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P30014**1. Entity Name  
HSBC MORTGAGE CORPORATION (USA)

## Principal Place of Business

ATTN: ELIZABETH HOFMEISTER  
2929 WALDEN AVENUE  
DEPEW NY  
14043 US

## Mailing Address

ATTN: ELIZABETH HOFMEISTER  
2929 WALDEN AVENUE  
DEPEW NY  
14043 US

## 2. Principal Place of Business

ATTN: TINA ADIMEY

## 3. Mailing Address

ATTN: TINA ADIMEY

Suite, Apt. #, etc.

2929 WALDEN AVENUE

Suite, Apt. #, etc.

2929 WALDEN AVENUE

## City &amp; State

DEPEW NY

## City &amp; State

DEPEW NY

## Zip

14043

## Country

US

## Zip

14043

## Country

US

## 4. FEI Number

16-1245395

## Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL  
32301 US

## 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

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

(NOTE: Registered Agent signature required when reinstating)

03/13/2001

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**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

TITLE	V	<input type="checkbox"/> Delete
NAME	WOJNAR SUSAN A	
STREET ADDRESS	2929 WALDEN AVENUE	
CITY-ST-ZIP	DEPEW NY 14043	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAZARONY CAROLYN M	
STREET ADDRESS	2929 WALDEN AVENUE	
CITY-ST-ZIP	DEPEW NY 14043	
TITLE	V	<input type="checkbox"/> Delete
NAME	DUGGAN DANIEL B	
STREET ADDRESS	2929 WALDEN AVENUE	
CITY-ST-ZIP	DEPEW NY 14043	
TITLE	TV	<input type="checkbox"/> Delete
NAME	MEYER JOSEPH M	
STREET ADDRESS	2929 WALDEN AVENUE	
CITY-ST-ZIP	DEPEW NY 14043	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOOHEY PHILIP S	
STREET ADDRESS	ONE MARINE MIDLAND CENTER, 24TH FLOOR	
CITY-ST-ZIP	BUFFALO NY 14203	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUNTER DAVID JJR	
STREET ADDRESS	2929 WALDEN AVENUE	
CITY-ST-ZIP	DEPEW NY 14043	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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: CAROLYN M. LAZARONY**

VP

03/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)