2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State
01-22-2004 90002 031 ***150.00

DOCUMENT # P30014

1. Entity Name
HSBC MORTGAGE CORPORATION (USA)

Principal Place of Business	Mailing Address
2929 WALDEN AVENUE DEPEW, NY 14043 US ATTN: Joseph Morgano	2929 WALDEN AVENUE DEPEW, NY 14043 US ATTN: Joseph Morgano

24003270

01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1245395
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUNTER, DAVID J JR.
STREET ADDRESS	2929 WALDEN AVENUE
CITY-ST-ZIP	DEPEW, NY 14043
TITLE	SD
NAME	TOOHEY, PHILIP S
STREET ADDRESS	ONE HSBC CENTER, 24TH FLOOR
CITY-ST-ZIP	BUFFALO, NY 14203
TITLE	V
NAME	MEYER, JOSEPH M
STREET ADDRESS	2929 WALDEN AVENUE
CITY-ST-ZIP	DEPEW, NY 14043
TITLE	TV
NAME	DUGGAN, DANIEL B
STREET ADDRESS	2929 WALDEN AVENUE
CITY-ST-ZIP	DEPEW, NY 14043
TITLE	V
NAME	LAZARONY, CAROYLN M
STREET ADDRESS	2929 WALDEN AVENUE
CITY-ST-ZIP	DEPEW, NY 14043
TITLE	V
NAME	ZIMMERMANN, GARY P
STREET ADDRESS	2929 WALDEN AVENUE
CITY-ST-ZIP	DEPEW, NY 14043

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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: Carolyn M. Lazarony 1/15/04 716-651-6473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #