
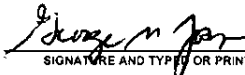


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90010 032 ***150.00

DOCUMENT # P30014					
1. Entity Name HSBC MORTGAGE CORPORATION (USA)					
Principal Place of Business 2929 WALDEN AVENUE DEPEW, NY 14043 US		Mailing Address 2929 WALDEN AVENUE DEPEW, NY 14043 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1245395	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAUP, RANDALL L.		NAME		
STREET ADDRESS	2929 WALDEN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DEPEW, NY 14043		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRACE, PATRICIA		NAME		
STREET ADDRESS	ONE HSBC CENTER		STREET ADDRESS		
CITY-ST-ZIP	BUFFALO, NY 14203		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRAVIS, DAVID		NAME		
STREET ADDRESS	2929 WALDEN AVE		STREET ADDRESS		
CITY-ST-ZIP	DEPEW, NY 14043		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROSSMAN, RANDALL		NAME		
STREET ADDRESS	2929 WALDEN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DEPEW, NY 14043		CITY-ST-ZIP		
TITLE	TV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCANLON, THOMAS		NAME		
STREET ADDRESS	2929 WALDE AVENUE		STREET ADDRESS	2929 WALDEN AVENUE	
CITY-ST-ZIP	DEPEW, NY 14043		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOSEPH, GEORGE M.		NAME		
STREET ADDRESS	2929 WALDEN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DEPEW, NY 14043		CITY-ST-ZIP		
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: 		GEORGE M. JOSEPH		3/6/07 (716) 651-6484	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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03012007 Chg-P CR2E034 (12/06)