


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90075 012 ***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 | | |
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 May 1, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP | P RAUP, RANDALL L. 2929 WALDEN AVENUE DEPEW, NY 14043 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT STEPHEN TICH 2929 WALDEN AVENUE DEPEW, N.Y. 14043 |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD GRACE, PATRICIA ONE HSBC CENTER BUFFALO, NY 14203 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRECTOR STEPHEN TICH 2929 WALDEN AVENUE DEPEW, N.Y. 14043 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D TRAVIS, DAVID 2929 WALDEN AVE DEPEW, NY 14043 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRECTOR STEPHEN TICH 2929 WALDEN AVENUE DEPEW, N.Y. 14043 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V GROSSMAN, RANDALL 2929 WALDEN AVENUE DEPEW, NY 14043 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VICE PRESIDENT DEBORAH HESS 2929 WALDEN AVENUE DEPEW, N.Y. 14043 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TV SCANLON, THOMAS 2929 WALDEN AVENUE DEPEW, NY 14043 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VICE PRESIDENT DEBORAH HESS 2929 WALDEN AVENUE DEPEW, N.Y. 14043 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V JOSEPH, GEORGE M. 2929 WALDEN AVENUE DEPEW, NY 14043 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VICE PRESIDENT DEBORAH HESS 2929 WALDEN AVENUE DEPEW, N.Y. 14043 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input checked="" type="checkbox"/> Change <input 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 other like empowered. | | | | | |
| SIGNATURE: <u>Deborah Hess</u> DEBORAH HESS <u>4-25-08 (716) 651-6193</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |