



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 135231		2. Name of Corporation HSBC MORTGAGE SERVICES INC.			
3. Street Address Principal Business Office 2700 SANDERS ROAD			City PROSPECT HEIGHTS	State IL	Zip 60070
4. Business Phone No. 847-564-5000		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island TO REVIEW, NEGOTIATE AND SOLICIT PROSPECTIVE LOAN PROTFOLIO PURCHASES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GARY R. ESPOSITO			Vice President Name L. R. ABRAMS		
Street Address 3023 HSBC WAY			Street Address 2700 SANDERS ROAD		
City FT. MILL	State SC	Zip 29707	City PROSPECT HEIGHTS	State IL	Zip 60070
Secretary Name J. T. GREENE			Treasurer Name J. T. GREENE		
Street Address 2700 SANDERS ROAD			Street Address 2700 SANDERS ROAD		
City PROSPECT HEIGHTS	State IL	Zip 60070	City PROSPECT HEIGHTS	State IL	Zip 60070
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J. T. GREENE			Director Name GARY R. ESPOSITO		
Street Address 2700 SANDERS ROAD			Street Address 3023 HSBC WAY		
City PROSPECT HEIGHTS	State IL	Zip 60070	City FT. MILL	State SC	Zip 29707
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	COMMON	\$100.00	363	COMMON	\$100.00
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED
Check No.	FEB 11 2008
By:	12159226
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Joseph M. Angelo Date 2/4/2008
JOSEPH M. ANGELO
Print or Type Name
ASSISTANT SECRETARY
Title