



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. 94804		2. Name of Corporation HSBC AUTO CREDIT INC.			
3. Street Address Principal Business Office 5855 COPLEY DRIVE			City SAN DIEGO	State CA	Zip 92111
4. Business Phone No. 847-564-5000		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island DIRECT CONSUMER LENDING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN J. HAINES			Vice President Name S. H. SMITH		
Street Address 5855 COPLEY DRIVE			Street Address 2700 SANDERS ROAD		
City SAN DIEGO	State CA	Zip 92111	City PROSPECT HEIGHTS	State IL	Zip 60070
Secretary Name J. M. COPPENRATH			Treasurer Name J. M. COPPENRATH		
Street Address 5855 COPLEY DRIVE			Street Address 5855 COPLEY DRIVE		
City SAN DIEGO	State CA	Zip 92111	City SAN DIEGO	State CA	Zip 92111
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN J. HAINES			Director Name G. S. HARMAN		
Street Address 5855 COPLEY DRIVE			Street Address 5855 COPLEY DRIVE		
City SAN DIEGO	State CA	Zip 92111	City SAN DIEGO	State CA	Zip 92111
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	COMMON	\$0.001	1000	COMMON	\$0.001

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: 12159239 mnc
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.

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