



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 135231		2. Exact name of the Corporation HSBC MORTGAGE SERVICES INC.			
3. Principal office address 636 GRAND REGENCY BLVD			City BRANDON	State FL	Zip 33510
4. Business Phone No. 224-880-7000			5. State of Incorporation DELAWARE		
6. Brief description of the character of business conducted in Rhode Island CONSUMER FINANCE					
President Name KATHRYN MADISON			Vice-President Name JOHN P GRIFFIN		
Street Address 961 WEIGEL DR			Street Address 26525 N RIVERWOODS BLVD STE 100		
City ELMHURST	State IL	Zip 60126	City METTAWA	State IL	Zip 60045
Secretary Name LORETTA R ABRAMS			Treasurer Name JOHN P GRIFFIN		
Street Address 26525 N RIVERWOODS BLVD STE 100			Street Address 26525 N RIVERWOODS BLVD STE 100		
City METTAWA	State IL	Zip 60045	City METTAWA	State IL	Zip 60045
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name KATHRYN MADISON			Director Name		
Street Address 961 WEIGEL DR			Street Address		
City ELMHURST	State IL	Zip 60126	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			375	COMMON	\$100

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 _____
 Check No. _____
 By: _____
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.

FILED

[Signature]
 Signature of Authorized Representative

2/3/14
 Date

RICK L BEHNKE - ASSISTANT TREASURER

Print or Type Name of Authorized Representative

FEB 18 2014

By 900503819

HSBC MORTGAGE SERVICES INC.**Directors & Officers**

Director	Kathryn Madison
President	Kathryn Madison
Vice President – Treasurer & Controller	John P. Griffin
Vice President & Secretary	Loretta R. Abrams
Vice President	Donald Scarcello
Assistant Vice President & Assistant Secretary	Rose C. Mancini
Assistant Vice President & Assistant Secretary	Michael J. Marks
Assistant Vice President & Assistant Secretary	Bruce E. Gaddy
Assistant Vice President – Treasury	Perry J. Morelli
Assistant Vice President	Stephanie Giron
Assistant Vice President	Carin Rodemoyer
Assistant Vice President	Phyllis I. Johnston
Assistant Vice President	Isabel Pierri-Isabelle
Assistant Vice President	Christina A. Kozaritz
Assistant Vice President	Ashraf R. Ibrahim
Assistant Vice President	Connie F. Rogers
Assistant Vice President	Quandrea Fester
Assistant Vice President	Angela Venator
Assistant Vice President	Kiona Peters
Assistant Vice President	Jose Churruca
Assistant Vice President	David Bertaut
Assistant Vice President	Maria Vadney
Assistant Treasurer	Rick L. Behnke
Assistant Treasurer	James S. Stiegel
Assistant Secretary	Doreen Poplawski
Assistant Secretary	Rose K. Patenaude
Assistant Secretary	Lynne C. Zaremba
Assistant Secretary	Darcie Oakes