



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. 93028		2. Exact name of the Corporation HSBC MORTGAGE CORPORATION (USA)			
3. Principal office address 2929 WALDEN AVE		City DEPEW	State NY	Zip 14043	
4. Business Phone No. 224-880-7000		5. State of Incorporation DELAWARE			
6. Brief description of the character of business conducted in Rhode Island MORTGAGE LENDER					
President Name MICHAEL MASER			Vice-President Name MARK RITCHIE		
Street Address 452 FIFTH AVE			Street Address 2929 WALDEN AVE		
City NEW YORK	State NY	Zip 10018	City DEPEW	State NY	Zip 14043
Secretary Name PATRICIA N GRACE			Treasurer Name THOMAS J SCANLON		
Street Address 95 WASHINGTON ST			Street Address 2929 WALDEN AVE		
City BUFFALO	State NY	Zip 14203	City DEPEW	State NY	Zip 14043
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name MICHAEL MASER			Director Name PATRICIA N GRACE		
Street Address 452 FIFTH AVE			Street Address 95 WASHINGTON ST		
City NEW YORK	State NY	Zip 10018	City BUFFALO	State NY	Zip 14203
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
			1000	COMMON	\$1.00

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

FILED
FEB 18 2014

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]
 Signature of Authorized Representative
 Date 2/13/14

RICK L BEHNKE - ASSISTANT TREASURER

Print or Type Name of Authorized Representative

HSBC MORTGAGE CORPORATION (USA)

Michael Maser	Director
Patricia N. Grace	Director
Michael Maser	President
Thomas J. Scanlon	Chief Financial Officer and Treasurer
Kathy Madison	Executive Vice President
Grant F. Miles	Executive Vice President
Michael L. Gembecki	Senior Vice President
Phyllis Johnston	Senior Vice President, Compliance
Craig Lassen	Senior Vice President
Donald Scarcello	Senior Vice President
Michael Stoeckel	Senior Vice President
Ashraf Ibrahim	Assistant Vice President
Shirley Mesa	Assistant vice President
Tammie Flores	Assistant Vice President
Paul Battaglia	Vice President
Stephanie Giron	Vice President
Patricia N. Grace	Secretary
Lyndsay D. Bushey	Assistant Secretary
Christine Benes	Assistant Secretary
Helen Kujawa	Assistant Secretary
Pamela A. Snell	Assistant Secretary
Paula Mann	Assistant Secretary
Rick Behnke	Assistant Treasurer
James Stiegel	Assistant Treasurer
Steven E Smith	Assistant Treasurer
Earl D. Hausrath	Officer

RESTRICTED