



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 2016

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. 38764		2. Exact name of the Corporation HSBC PAY SERVICES INC.			
3. Principal office address 26525 N RIVERWOODS BLVD STE 100		City METTAWA	State IL	Zip 60045	
4. Business Phone No. 224-880-7000		5. State of Incorporation DELAWARE			
6. Brief description of the character of business conducted in Rhode Island GENERAL CORPORATION/CONSUMER FINANCE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
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 LYNNE ZAREMBA		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) ☒					
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) ☐		
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
			50	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

FEB 11 2016

Signature of Authorized Representative

Date

RICK L BEHNKE - ASSISTANT TREASURER

Print or Type Name of Authorized Representative

BY **KL 900532666**

HSBC PAY SERVICES INC**Directors & Officers**

Director	Kathryn Madison
President	Kathryn Madison
Vice President – Treasurer & Controller	John P. Griffin
Vice President & Secretary	Lynne Zaremba
Vice President	Donald Scarcello
Assistant Vice President & Assistant Secretary	Rose C. Mancini
Assistant Vice President & Assistant Secretary	Bruce E. Gaddy
Assistant Vice President	Joseph J. Kelly
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	Rhonda Nitsche
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 Treasurer	Steven E. Smith
Assistant Secretary	Lynne C. Zaremba