



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

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 3351)	
4. Business Phone No. 224-880-7000			5. State of Incorporation DELAWARE					
6. Brief description of the c CONSUMER FINAN		s conducted in Rhode Islan	d					
7. LIST ALL OFFICERS (I	NAMES AND ADD	RESSES) ("X" BOX FOR A	TTACHMENT)	922 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
President Name KATHRYN MADISON			Vice-President Name JOHN P GRIFFIN					
Street Address 961 WEIGEL DR			Street Address 1421 W. SHURE DR. STE 100					
City ELMHURST	State IL	Zip 60126	City ARLINGTON H	EIGHTS	State IL	Zip 6000	4	
Secretary Name LYNNE ZAREMBA			Treasurer Name JOHN P GRIFFIN					
Street Address 1421 W. SHURE DR. STE 100			Street Address 1421 W. SHURE DR. STE 100					
City ARLINGTON HEIGH	State IL	Zip 60004	City ARLINGTON H		State IL	Zip 6000	4	
LIST ALL DIRECTORS	(NAMES AND ADI	PRESSES) ("X" BOX FOR	ATTACHMENT)		·			
Director Name KATHRYN MADISOI	N		Director Name			2	တ	
Street Address 961 WEIGEL DR			Street Address					
City ELMHURST	State IL	Zip 60126	City State		Zip -0	POR AC		
Director Name			Director Name					
Street Address			Street Address					
Dity	State	Zip	City	S	tate	Zip	<u> </u>	
. SHARES AUTHORIZED			10. SHARES ISSUED) ("X" BOX FO	R ATTACH	MENT)		
			NUMBER OF SHARES	CLASS/SERIE		PAR VALUE		
This Information is currently of record in the Office of the Secretary of State. Changes require an additional filing. Section 9 of instruction sheet.			375	CON	COMMON \$10		00	
This report must be execut.	ed on hehalf of the	corporation by an authorize	d representative If the	comoration is i	n the hands	of a receiver	r trustee	

File Date		this report, including any accompanying scheduler	les and statement
Check No		and that all statements contained herein are true	and correct.
Ву:	FILED	Signature of Authorized Representative	Date
FOR SECRETARY OF STATE USE ONLY		RICK L BEHNKE - ASSISTANT TREAS	SURER

MAR **09** 2016 Form No. 630 Revised: 01/2012

Print or Type Name of Authorized Representative

11:51

HSBC MORTGAGE 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	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	Rhonda Nitsche		
Assistant Vice President	Jose Churruca		
Assistant Vice President	David Bertaut		
Assistant Treasurer	Rick L. Behnke		
Assistant Treasurer	James S. Stiegel		
Assistant Treasurer	Steven E. Smith		

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

