AMENDED

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.	2. Exact name of the Corporation
38764	HSBC PAY SERVICES INC.

3. Principal office address	City	State	Zip
1421 W. SHURE DR. STE 100	ARLINGTON HEIGHTS	IL	60004

4. Business Phone No.	5. State of Incorporation
224-880-7000	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	Street Address	City	State	Zip
KATHRYN MADISON	961 WEIGEL DR	ELMHURST	IL	60126

Vice-President Name	Street Address	City	State	Zip
JOHN P GRIFFIN	1421 W. SHURE DR. STE 100	ARLINGTON HEIGHTS	IL	60004

Secretary Name	Street Address	City	State	Zip
LYNNE ZAREMBA	1421 W. SHURE DR. STE 100	ARLINGTON HEIGHTS	IL	60004

Treasurer Name	Street Address	City	State	Zip
JOHN P GRIFFIN	1421 W. SHURE DR. STE 100	ARLINGTON HEIGHTS	IL	60004

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☑

Director Name	Street Address	City	State	Zip
KATHRYN MADISON	961 WEIGEL DR	ELMHURST	IL	60126

Director Name	Street Address	City	State	Zip

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CORPORATIONS DIV

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	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.

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.

3/7/16
Signature of Authorized Representative — Date

RICK L BEHNKE - ASSISTANT TREASURER
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

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By _____

Form No. 630
Revised: 01/2012

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