2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# F03000001985

Entity Name: MMC SECURITIES CORP.

Current Principal Place of Business:

1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

121 RIVER STREET
TAX DEPT. -11TH FL
HOBOKEN, NJ 07030

New Mailing Address:

FEI Number: 06-1685865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: HAPPE, MARK
Address: 1166 AVE. OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: SEC ( ) Delete
Name: LIEBOWITZ, MARIANE
Address: 1166 AVE. OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: CON ( ) Delete
Name: OKEEFFE, CHRISTINE
Address: 121 RIVER STREET
City-St-Zip: HOBOKEN, NJ 07030

Title: D ( ) Delete
Name: LEDBETTER, CHARLES
Address: 1225 17TH STREET
City-St-Zip: DENVER, CO 80202

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA ( ) Change (X) Addition
Name: BLACKMORE, KIM
Address: 121 RIVER ST
City-St-Zip: HOBOKEN, NJ 07030

Title: DIRE ( ) Change (X) Addition
Name: MAXWELL, JOHN W
Address: 12421 MEREDITH DR
City-St-Zip: URBANDALE, IA 50398

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM BLACKMORE TREA 04/16/2009

Electronic Signature of Signing Officer or Director — Date