## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F10000005616

Entity Name: MM MOORING #2 CORP.

FILED Apr 05, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ONE HSBC CENTER BUFFALO, NY 142032827

Current Mailing Address: New Mailing Address:

ONE HSBC CENTER
BUFFALO, NY 142032827
ONE HSBC CENTER
27TH FLOOR
BUFFALO, NY 142032827

FEI Number: 16-1381587 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

## **OFFICERS AND DIRECTORS:**

Title: DF

Name: NAGLE, GERALD A
Address: ONE HSBC CENTER
City-St-Zip: BUFFALO, NY 142032827

Title: SVP

Name: LASSEN, CRAIG
Address: 1 WEST 39TH STREET
City-St-Zip: NEW YORK, NY 10018

Title: V

 Name:
 GIANSANTE, MARK P

 Address:
 ONE HSBC CENTER

 City-St-Zip:
 BUFFALO, NY 142032827

Title:

 Name:
 KUJAWA, HELEN

 Address:
 ONE HSBC CENTER

 City-St-Zip:
 BUFFALO, NY 142032827

Title: V

Name: SCHIMEL, FRED R

Address: 26525 N RIVERWOODS BLVD

City-St-Zip: METTAWA, IL 60045

Title: AS

Name: SNELL, PAMELA A Address: ONE HSBC CENTER City-St-Zip: BUFFALO, NY 14203

I hereby 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 all other like empowered.

SIGNATURE: PAMELA SNELL AS 04/05/2012