

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005616

Entity Name: MM MOORING #2 CORP.**Current Principal Place of Business:**95 WASHINGTON STREET
BUFFALO, NY 14203**Current Mailing Address:**1421 W. SHURE DR.
STE 100
ARLINGTON HEIGHTS, IL 60004 US**FEI Number:** 16-1381587**Certificate of Status Desired:** No**Name and Address of Current 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**Officer/Director Detail :**

Title	DP
Name	NAGLE, GERALD A
Address	95 WASHINGTON STREET
City-State-Zip:	BUFFALO NY 14203

Title	VP
Name	SCHIMEL, FRED R
Address	1421 W. SHURE DR. STE 100
City-State-Zip:	ARLINGTON HEIGHTS IL 60004

Title	VP
Name	WERNER, RICHARD J
Address	10 E. 40TH STREET
City-State-Zip:	NEW YORK NY 10016

Title	TREASURER
Name	TABAKA, WILLIAM
Address	452 FIFTH AVE
City-State-Zip:	NEW YORK NY 10018

Title	S
Name	KUJAWA, HELEN
Address	10 E 40TH ST
City-State-Zip:	NEW YORK NY 10016

Title	AS
Name	SNELL, PAMELA A
Address	95 WASHINGTON STREET
City-State-Zip:	BUFFALO NY 14203

Title	ASSISTANT TREASURER
Name	STIEGEL, JAMES
Address	1421 W. SHURE DR. STE 100
City-State-Zip:	ARLINGTON HEIGHTS IL 60004

Title	DIRECTOR
Name	PETERSON, ANNE M
Address	95 WASHINGTON STREET
City-State-Zip:	BUFFALO NY 14203

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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: JAMES STIEGEL**ASSISTANT TREASURER** 04/07/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name ELLSWORTH, STEPHEN
Address 95 WASHINGTON STREET
City-State-Zip: BUFFALO NY 14203

Title VP
Name NORTHINGTON, JOHN
Address 10 E. 40TH STREET
City-State-Zip: NEW YORK NY 10016

Title ASSISTANT VICE PRESIDENT
Name KOZARITZ, CHRISTINA
Address 1421 W. SHURE DR.
STE 100
City-State-Zip: ARLINGTON HEIGHTS IL 60004

Title ASSISTANT TREASURER
Name SMITH, STEVEN E
Address 1421 W. SHURE DR.
STE 100
City-State-Zip: ARLINGTON HEIGHTS IL 60004

Title VP
Name HANLEY, PATRICK
Address 95 WASHINGTON STREET
City-State-Zip: BUFFALO NY 14203

Title ASSISTANT VICE PRESIDENT
Name ANDERSON, PAULETTE
Address 2929 WALDEN AVENUE
City-State-Zip: DEPEW NY 14043

Title ASSISTANT TREASURER
Name GRAHAM, TRICIA
Address 95 WASHINGTON STREET
City-State-Zip: BUFFALO NY 14203