

2014 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:**95 WASHINGTON STREET
BUFFALO, NY 14203 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 S
Name KUJAWA, HELEN
Address 95 WASHINGTON STREET
City-State-Zip: BUFFALO NY 14203

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

Title ASSISTANT TREASURER
Name STIEGEL, JAMES
Address 26525 N. RIVERWOODS BOULEVARD
City-State-Zip: METTAWA IL 60045

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

Title VP
Name SCHIMEL, FRED R
Address 26525 N RIVERWOODS BLVD
City-State-Zip: METTAWA IL 60045

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

Title TREASURER
Name FERREN, ERIC K
Address 26525 N. RIVERWOODS BOULEVARD
City-State-Zip: METTAWA IL 60045

Continues on page 2

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 A. SNELL**ASSISTANT SECRETARY** 04/04/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title VP
Name KERN, JILL
Address 1 WEST 39TH STREET
City-State-Zip: NEW YORK NY 10018

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

Title DIRECTOR
Name OGLESBY, WALTER C
Address 26525 N. RIVERWOODS BOULEVARD
City-State-Zip: METTAWA IL 60045

Title VP
Name HANLEY, PATRICK
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 26525 N. RIVERWOODS BLVD.
City-State-Zip: METTAWA IL 60045

Title ASSISTANT TREASURER
Name SMITH, STEVEN E
Address 26525 N. RIVERWOODS BLVD.
City-State-Zip: METTAWA IL 60045