

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005616

**Entity Name:** MM MOORING #2 CORP.**Current Principal Place of Business:**ONE HSBC CENTER  
BUFFALO, NY 14203-2827**Current Mailing Address:**ONE HSBC CENTER  
27TH FLOOR  
BUFFALO, NY 14203-2827**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         | ONE HSBC CENTER       |
| City-State-Zip: | BUFFALO NY 14203-2827 |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | GIANSANTE, MARK P     |
| Address         | ONE HSBC CENTER       |
| City-State-Zip: | BUFFALO NY 14203-2827 |

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

|                 |                       |
|-----------------|-----------------------|
| Title           | S                     |
| Name            | KUJAWA, HELEN         |
| Address         | ONE HSBC CENTER       |
| City-State-Zip: | BUFFALO NY 14203-2827 |

|                 |                  |
|-----------------|------------------|
| Title           | AS               |
| Name            | SNELL, PAMELA A  |
| Address         | ONE HSBC CENTER  |
| City-State-Zip: | BUFFALO NY 14203 |

|                 |                               |
|-----------------|-------------------------------|
| Title           | ASSISTANT TREASURER           |
| Name            | STIEGEL, JAMES                |
| 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 SNELL**ASSISTANT SECRETARY** 04/19/2013\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title           DIRECTOR  
Name           PETERSON, ANNE M  
Address        ONE HSBC CENTER  
City-State-Zip:   BUFFALO NY 14203