

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000981

FILED
Apr 25, 2012
Secretary of State

Entity Name: HANCOCK BANK

Current Principal Place of Business:

2510 14TH STREET
GULFPORT, MS 39501

New Principal Place of Business:

Current Mailing Address:

ATTN TAX DEPARTMENT
P.O. BOX 4019
GULFPORT, MS 39502

New Mailing Address:

228 ST. CHARLES AVENUE, SUITE 626
ATTN: TERESA LYGATE
NEW ORLEANS, LA 70130

FEI Number: 64-0169065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

OFFICERS AND DIRECTORS:

Title: CEOP
Name: CHANEY, CARL J
Address: 2501 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: CEOD
Name: HAIRSTON, JOHN M
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: CAO
Name: LOPER, SHANE
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: CFO
Name: ACHARY, MICHAEL M
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: EVPS
Name: PHILLIPS, JOY L
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: AS
Name: LYGATE, TERESA Z
Address: 228 ST. CHARLES AVENUE, SUITE 626
City-St-Zip: NEW ORLEANS, LA 70130

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: TERESA Z. LYGATE

AS

04/25/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date