

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000000981

**Entity Name:** HANCOCK BANK

**Current Principal Place of Business:**

2510 14TH STREET  
GULFPORT, MS 39501

**Current Mailing Address:**

228 ST. CHARLES AVENUE, SUITE626  
ATTN: TERESA LYGATE  
NEW ORLEANS, LA 70130

**FEI Number:** 64-0169065

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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           CEOP  
Name           CHANEY, CARL J  
Address        2501 14TH STREET  
City-State-Zip: GULFPORT MS 39501

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

Title           EVP, CRO  
Name           LOPER, D. SHANE  
Address        2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

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

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

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

Title           DIRECTOR  
Name           DAY, EDWARD VI  
Address        2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title           DIRECTOR  
Name           DICK, HENRY N. III  
Address        2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

**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:** TERESA Z. LYGATE

**SR. ASSISTANT  
CORPORATE SECRETARY**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GINN, JAMES R.  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR  
Name MOORE, KAREN B.  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR  
Name PITTMAN, SEAN A.  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR  
Name WILKINS, C. RICHARD  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title EVP  
Name HILL, RICHARD T.  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title EVP  
Name SAIK, CLIFTON J.  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title AS  
Name AYRES, ANIKO K.  
Address 228 ST. CHARLES AVENUE, SUITE 626  
City-State-Zip: NEW ORLEANS LA 70130

Title EVP  
Name EXNICIOS, JOSEPH S.  
Address 228 ST. CHARLES AVENUE, SUITE 626  
City-State-Zip: NEW ORLEANS LA 70130

Title AS  
Name SMITH, ADRIAN  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR  
Name LUCE, DWAIN G. JR.  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR  
Name MORAN, ALFRED R. JR.  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR  
Name REDD, GORDON L. JR.  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title EVP  
Name FRANCIS, EDWARD G.  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title EVP  
Name KENDRICKS, SAMUEL B.  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title EVP, CAO  
Name BARKER, STEPHEN E.  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title AS  
Name LOUPE, PATRICIA K.  
Address 228 ST. CHARLES AVENUE, SUITE 626  
City-State-Zip: NEW ORLEANS LA 70130

Title EVP  
Name THOMAS, SUZANNE C.  
Address 228 ST. CHARLES AVENUE, SUITE 626  
City-State-Zip: NEW ORLEANS LA 70130