

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000981

Entity Name: WHITNEY BANK

Current Principal Place of Business:

2510 14TH STREET
GULFPORT, MS 39501

Current Mailing Address:

228 ST. CHARLES AVENUE, SUITE 626
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 DIRECTOR, CEO
Name HAIRSTON, JOHN M.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

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

Title EVP, CFO
Name ACHARY, MICHAEL M.
Address 228 ST. CHARLES AVENUE
SUITE 626
City-State-Zip: NEW ORLEANS LA 70130

Title EVP, SECRETARY
Name PHILLIPS, JOY LAMBERT
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

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

Title EVP
Name FRANCIS, EDWARD G.
Address 228 ST. CHARLES AVENUE
EXECUTIVE OFFICES
City-State-Zip: NEW ORLEANS LA 70130

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

Title EVP
Name SAIK, CLIFTON J.
Address 228 ST. CHARLES AVENUE
EXECUTIVE OFFICES
City-State-Zip: NEW ORLEANS LA 70130

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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: TERESA Z. LYGATE

SIGNATURE: VP, ASST. SECRETARY

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SVP
Name BARKER, STEPHEN E.
Address 228 ST. CHARLES AVENUE
City-State-Zip: NEW ORLEANS LA 70130

Title VP, ASST. SECRETARY
Name LOUPE, PATRICIA K.
Address 228 ST. CHARLES AVENUE
EXECUTIVE OFFICES
City-State-Zip: NEW ORLEANS LA 70130

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

Title EVP
Name DICKERSON, MICHAEL K
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title VP, CORPORATE TAX OFFICER
Name LESTELLE, ELIZABETH M.
Address 228 ST. CHARLES AVENUE
City-State-Zip: NEW ORLEANS LA 70130

Title CHAIRMAN
Name ESTABROOK, JAMES B. JR
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name HALL, TERENCE E.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

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

Title DIRECTOR
Name NICKELSEN, ERIC J.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name PICKERING, CHRISTINE L.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

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

Title PRESIDENT
Name EXNICIOS, JOSEPH S.
Address 228 ST. CHARLES AVENUE
EXECUTIVE OFFICES
City-State-Zip: NEW ORLEANS LA 70130

Title SVP, ASST. SECRETARY
Name SMITH, ADRIAN
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title SVP, TREASURER
Name DUGAL, GERALD S.
Address 228 ST. CHARLES AVENUE
City-State-Zip: NEW ORLEANS LA 70130

Title DIRECTOR
Name BERTUCCI, FRANK E.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

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

Title DIRECTOR
Name HANNA, RANDALL W.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name LEVENS, JERRY L.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name OLINDE, THOMAS H.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name ROSEBERRY, ROBERT W.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name TOPAZI, ANTHONY J.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501