

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2014
Secretary of State
CC6706871426

Entity Name: HANCOCK INVESTMENT SERVICES, INC.

Current Principal Place of Business:

2600 CITIPLACE DR, STE 100
BATON ROUGE, LA 70808

Current Mailing Address:

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

FEI Number: 64-0867168

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

Title D
Name HAIRSTON, JOHN M
Address 2510 14TH ST
City-State-Zip: GULFPORT MS 39501

Title DVP
Name CHANEY, CARL J
Address 228 ST. CHARLES AVENUE
City-State-Zip: NEW ORLEANS LA 70130

Title D
Name HILL, RICHARD T
Address 2600 CITIPLACE DRIVE, SUITE 200
City-State-Zip: BATON ROUGE LA 70808

Title PD
Name BLUTH, RANDY
Address 2600 CITIPLACE DR, STE 100
City-State-Zip: BATON ROUGE LA 70808

Title VP
Name SIMMONS, MIKE
Address 2600 CITIPLACE DR, STE 100
City-State-Zip: BATON ROUGE LA 70808

Title VP, SECRETARY, TREASURER
Name ROWLEN, BETTY
Address 2600 CITIPLACE DRIVE, SUITE 100
City-State-Zip: BATON ROUGE LA 70808

Title VP
Name EDEN, WILLIAM
Address 2600 CITIPLACE DRIVE, SUITE 100
City-State-Zip: BATON ROUGE LA 70808

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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

ASSISTANT SECRETARY 04/30/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title VP
Name PALOZZOLA, DAVID J.
Address 228 ST. CHARLES AVENUE
City-State-Zip: NEW ORLEANS LA 70130

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

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