## 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003199

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

FILED Apr 16, 2015

**Secretary of State** 

CC6174984822

Officer/Director Detail:

Title CHAIRMAN Title DIRECTOR, VP

Name SAIK, CLIFTON J Name HAIRSTON, JOHN M

Address 228 ST. CHARLES AVENUE Address 2510 14TH ST

EXECUTIVE OFFICES City-State-Zip: GULFPORT MS 39501

City-State-Zip: NEW ORLEANS LA 70130

Title DIRECTOR, PRESIDENT, CEO

Name LOPER, D. SHANE

Address 2600 CITIPLACE DRIVE

Address 2510 14TH STREET SUITE 100

City-State-Zip: GULFPORT MS 39501 City-State-Zip: BATON ROUGE LA 70808

Title VP Title VP, SECRETARY, TREASURER

Name SIMMONS, MIKE Name ROWLEN, BETTY

Address 2600 CITIPLACE DRIVE Address 2600 CITIPLACE DRIVE

SUITE 100 SUITE 100

City-State-Zip: BATON ROUGE LA 70808 City-State-Zip: BATON ROUGE LA 70808

Title VP Title VP

Name EDEN, WILLIAM Name PALOZZOLA, DAVID J.

Address 2600 CITIPLACE DRIVE Address 228 ST. CHARLES AVENUE

SUITE 100 City-State-Zip: NEW ORLEANS LA 70130 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 04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

ASSISTANT SECRETARY Title Title CORPORATE TAX OFFICER LYGATE, TERESA Z Name Name LESTELLE, ELIZABETH M

Address 228 ST. CHARLES AVENUE Address 228 ST. CHARLES AVENUE

SUITE 626

City-State-Zip: NEW ORLEANS LA 70130 City-State-Zip: NEW ORLEANS LA 70130