

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003199

FILED
Apr 17, 2018
Secretary of State
CC1908796508

Entity Name: HANCOCK INVESTMENT SERVICES, INC.

Current Principal Place of Business:

2510 14TH STREET
GULFPORT, MS 39501

Current Mailing Address:

ATTN: TERESA LYGATE
228 ST. CHARLES AVENUE, SUITE626
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 | DIRECTOR, CHAIRMAN |
| Name | LOPER, D. SHANE |
| Address | 2510 14TH STREET |
| City-State-Zip: | GULFPORT MS 39501 |
| Title | ASSISTANT SECRETARY |
| Name | LYGATE, TERESA Z |
| Address | 228 ST. CHARLES AVENUE SUITE 626 |
| City-State-Zip: | NEW ORLEANS LA 70130 |
| Title | DIRECTOR |
| Name | ACHARY, MICHAEL M. |
| Address | 228 ST. CHARLES AVENUE EXECUTIVE OFFICES |
| City-State-Zip: | NEW ORLEANS LA 70130 |
| Title | OTHER |
| Name | MILTON, MILES |
| Address | C/O LEGAL DEPARTMENT 228 ST. CHARLES AVENUE, SUITE626 |
| City-State-Zip: | NEW ORLEANS LA 70130 |

| | |
|-----------------|--|
| Title | VP |
| Name | PALOZZOLA, DAVID J. |
| Address | 228 ST. CHARLES AVENUE |
| City-State-Zip: | NEW ORLEANS LA 70130 |
| Title | CORPORATE TAX OFFICER |
| Name | LEW, BONNIE |
| Address | 228 ST. CHARLES AVENUE |
| City-State-Zip: | NEW ORLEANS LA 70130 |
| Title | DIRECTOR |
| Name | EXNICIOS, JOSEPH S. |
| Address | 228 ST. CHARLES AVENUE EXECUTIVE OFFICES |
| City-State-Zip: | NEW ORLEANS LA 70130 |
| Title | VP, CFO, ASST. SECRETARY, TREASURER |
| Name | DEBLANC, RONALD |
| Address | C/O LEGAL DEPARTMENT 228 ST. CHARLES AVENUE, SUITE626 |
| 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

ASSISTANT SECRETARY 04/17/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VP
Name LEBLANC, KEITH
Address C/O LEGAL DEPARTMENT
228 ST. CHARLES AVENUE,#626
City-State-Zip: NEW ORLEANS LA 70130

Title VP
Name COGNEVICH, ANTHONY
Address C/O LEGAL DEPARTMENT
228 ST. CHARLES AVENUE,#626
City-State-Zip: NEW ORLEANS LA 70130

Title PRESIDENT, CEO
Name FUJINAGA, JAMES H.
Address C/O LEGAL DEPARTMENT
228 ST. CHARLES AVENUE,#626
City-State-Zip: NEW ORLEANS LA 70130

Title OTHER
Name NICHOLDS, STUART
Address C/O LEGAL DEPARTMENT
228 ST. CHARLES AVENUE,#626
City-State-Zip: NEW ORLEANS LA 70130