## **2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003199

Entity Name: HANCOCK WHITNEY INVESTMENT SERVICES, INC.

**FILED** Apr 28, 2022 Secretary of State 8420433101CC

## **Current Principal Place of Business:**

2510 14TH STREET GULFPORT, MS 39501

## **Current Mailing Address:**

ATTN: KYNA N. SMITH

701 POYDRAS STREET SUITE 3000 NEW ORLEANS, LA 70139 US

FEI Number: 64-0867168 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

Electronic Signature of 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:

Name

City-State-Zip:

Address

Date

Officer/Director Detail:

Title FVP Title VP, CFO, ASST. SECRETARY,

**TREASURER** MILTON, MILES

Name DEBLANC, RONALD Address 2510 14TH STREET

701 POYDRAS STREET Address ATTN: LEGAL DEPT

ATTN: LEGAL DEPARTMENT SUITE

**GULFPORT MS 39501** 3000

City-State-Zip:

Title PRESIDENT, CEO, DIRECTOR

Name FUJINAGA. JAMES H. Title ٧P

701 POYDRAS STREET Address Name LEBLANC, KEITH **SUITE 3100** 

701 POYDRAS STREET Address NEW ORLEANS LA 70139 City-State-Zip:

ATTN: LEGAL DEPT SUITE 3000

NEW ORLEANS LA 70139 City-State-Zip: Title OTHER

Name NICHOALDS, STUART Title VP, CHIEF COMPLIANCE OFFICER,

SECRETARY, DIRECTOR Address

701 POYDRAS STREET ATTN: LEGAL DEPT SUITE 3000 COGNEVICH, ANTHONY Name

City-State-Zip: NEW ORLEANS LA 70139 Address 701 POYDRAS STREET

**SUITE 3100** 

Title SENIOR ASSISTANT CORPORATE NEW ORLEANS LA 70139 City-State-Zip:

**SECRETARY** 

Name LOUPE, PATRICIA K Title SENIOR ASSISTANT CORPORATE SECRETARY

701 POYDRAS STREET

Name SMITH, KYNA N **SUITE 3400** 

NEW ORLEANS LA 70139 City-State-Zip: 701 POYDRAS STREET Address

**SUITE 3000** 

NEW ORLEANS LA 70139 City-State-Zip:

NEW ORLEANS LA 70139

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.

ASST SECRETARY 04/28/2022 SIGNATURE: KYNA N SMITH