

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004910

Entity Name: HARRISON LOAN COMPANY

Current Principal Place of Business:

2510 14TH STREET
GULFPORT, MS 39501

Current Mailing Address:

228 ST. CHARLES AVENUE, SUITE626
ATTN: TERESA LYGATE
NEW ORLEANS, LA 70130 US

FEI Number: 27-3671141

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 VP
Name KEILHOLZ, JOHN
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title VP
Name SPRIGGS, MIKE
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title PRESIDENT
Name MOORE, KENNETH
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title VP
Name JUDAH, CHRISTOPHER
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title VP
Name MAYO, JEANNE
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title VP
Name TOUPS, NORMAN
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title TREASURER
Name ALLEN, MEGHAN
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title ASST. SECRETARY
Name LYGATE, TERESA Z.
Address 228 ST. CHARLES AVENUE
SUITE 626
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 04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VP
Name NOBLES, CLIFTON
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

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

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