

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001257

Entity Name: WHITNEY BANK**Current Principal Place of Business:**228 ST. CHARLES AVENUE
NEW ORLEANS, LA 70130**Current Mailing Address:**228 ST. CHARLES AVENUE, SUITE626
ATTN: TERESA LYGATE
NEW ORLEANS, LA 70130 US**FEI Number:** 72-1171087**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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	CEOD
Name	CHANEY, CARL J
Address	2510 14TH STREET
City-State-Zip:	GULFPORT MS 39501

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

Title	P
Name	EXNICIOS, JOSEPH S
Address	228 ST. CHARLES AVENUE
City-State-Zip:	NEW ORLEANS LA 70130

Title	EVP, CFO
Name	ACHARY, MICHAEL M
Address	2510 14TH STREET
City-State-Zip:	GULFPORT MS 39501

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

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

Title	CHAIRMAN
Name	PACE, JOHN H.
Address	2510 14TH STREET
City-State-Zip:	GULFPORT MS 39501

Title	EVP
Name	FRANCIS, EDWARD G.
Address	2510 14TH STREET
City-State-Zip:	GULFPORT MS 39501

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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. LYGATEVP & SR. ASST.
CORPORATE SECRETARY

04/29/2013

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title EVP
Name HILL, RICHARD T.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

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

Title EVP
Name THOMAS, SUZANNE C.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title SVP, AS
Name AYRES, ANIKO K.
Address 228 ST. CHARLES AVENUE, SUITE 626
City-State-Zip: NEW ORLEANS LA 70130

Title SVP, AS
Name SMITH, ADRIAN
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name ANGERS, JEFFERSON M.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name MILLING, R. KING
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name STIRLING, LEWIS W. III
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title EVP
Name KENDRICKS, SAMUEL B.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title EVP
Name SAIK, CLIFTON J.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title SVP, CAO
Name BARKER, STEPHEN E.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title VP, AS
Name LOUPE, PATRICIA K.
Address 228 ST. CHARLES AVENUE
City-State-Zip: NEW ORLEANS LA 70130

Title DIRECTOR
Name ANDERSON, RONALD R.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name LIPPMAN, ALFRED S.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name OLINDE, THOMAS H.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name WESTFELDT, THOMAS D.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501