

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000002742

Entity Name: HANCOCK WHITNEY EQUIPMENT FINANCE AND LEASING, LLC**Current Principal Place of Business:**701 POYDRAS STREET
NEW ORLEANS, LA 70139**Current Mailing Address:**701 POYDRAS STREET
ATTN: STEPHANIE TAYLOR SUITE3000
NEW ORLEANS, LA 70139 US**FEI Number:** 47-5100236**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

Authorized Person(s) Detail :

Title MANAGER, OFFICER
Name BUCHER, CHRISTOPHER
Address 701 POYDRAS STREET
16TH FLOOR SUITE 312
City-State-Zip: NEW ORLEANS LA 70139

Title MANAGER, OFFICER
Name KNIGHT, CECIL W JR.
Address 701 POYDRAS STREET
SUITE 3400
City-State-Zip: NEW ORLEANS LA 70139

Title AUTHORIZED MEMBER
Name HANCOCK WHITNEY BANK
Address 701 POYDRAS STREET
ATTN: STEPHANIE TAYLOR
City-State-Zip: NEW ORLEANS LA 70139

Title VP, CAPITAL MARKETS DIRECTOR
Name PERICAK, THOMAS
Address 701 POYDRAS STREET
16TH FLOOR SUITE 312
City-State-Zip: NEW ORLEANS LA 70139

Title OPERATIONS SUPPORT MANAGER
Name ANDERSON, RHONDA
Address 701 POYDRAS STREET
16TH FLOOR SUITE 301
City-State-Zip: NEW ORLEANS LA 70139

Title TREASURER
Name ACHARY, MICHAEL
Address 701 POYDRAS STREET
SUITE 3400
City-State-Zip: NEW ORLEANS LA 70139

Title GENERAL COUNSEL, CORPORATE
SECRETARY
Name KUHNER, JUANITA
Address 2510 14TH STREET
6TH FLOOR
City-State-Zip: GULFPORT MS 39501

Title SENIOR ASSISTANT CORPORATE
SECRETARY
Name LOUPE, PATRICIA
Address 701 POYDRAS STREET
SUITE 3400
City-State-Zip: NEW ORLEANS LA 70139

Continues on page 2

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE TAYLOR**ASSISTANT SECRETARY** 05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title SENIOR ASSISTANT CORPORATE SECRETARY
Name TAYLOR, STEPHANIE
Address 2510 14TH ST.
 6TH FL.
City-State-Zip: GULFPORT MS 39501

Title CORPORATE TAX OFFICER
Name LEW, BONNIE
Address 701 POYDRAS STREET
 SUITE 1500
City-State-Zip: NEW ORLEANS LA 70139