

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000002743

**Entity Name:** HANCOCK WHITNEY EQUIPMENT FINANCE, LLC**Current Principal Place of Business:**701 POYDRAS STREET  
NEW ORLEANS, LA 70139**Current Mailing Address:**701 POYDRAS STREET  
ATTN: KYNA N. SMITH SUITE 3000  
NEW ORLEANS, LA 70139 US**FEI Number:** 47-5079398**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 MGR  
Name BUCHER, CHRISTOPHER  
Address 701 POYDRAS STREET  
16TH FLOOR SUITE 312  
City-State-Zip: NEW ORLEANS LA 70139

Title MGR, 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: KYNA N. SMITH SUITE 3000  
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  
16 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 CORPORATE SECRETARY  
Name PHILLIPS, JOY LAMBERT  
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

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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 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:** KYNA SMITH**ASST SECRETARY****04/29/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title                SENIOR ASSISTANT CORPORATE SECRETARY  
Name                SMITH, KYNA N  
Address             701 POYDRAS STREET  
                         SUITE 3000  
City-State-Zip:    NEW ORLEANS LA 70139

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