

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000981

Entity Name: HANCOCK BANK**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**FEI Number:** 64-0169065**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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 CEOP
Name CHANEY, CARL J
Address 2501 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 EVPS
Name PHILLIPS, JOY L
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name DAY, EDWARD VI
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

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

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

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

Title DIRECTOR
Name DICK, HENRY N. III
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. LYGATE**SR. ASSISTANT
CORPORATE SECRETARY****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name MOORE, KAREN B.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name PITTMAN, SEAN A.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name WILKINS, C. RICHARD
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

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

Title EVP
Name EXNICIOS, JOSEPH S.
Address 228 ST. CHARLES AVENUE, SUITE 626
City-State-Zip: NEW ORLEANS LA 70130

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

Title DIRECTOR
Name LUCE, DWAIN G. JR.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name MORAN, ALFRED R. JR.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name REDD, GORDON L. JR.
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

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

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

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

Title EVP
Name THOMAS, SUZANNE C.
Address 228 ST. CHARLES AVENUE, SUITE 626
City-State-Zip: NEW ORLEANS LA 70130