

2015 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, SUITE 626
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	DIRECTOR
Name	FRANCIS, EDWARD G
Address	228 ST. CHARLES AVENUE EXECUTIVE OFFICES
City-State-Zip:	NEW ORLEANS LA 70130

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

Title	CHAIRMAN, 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	DIRECTOR
Name	HAIRSTON, JOHN M.
Address	2510 14TH STREET
City-State-Zip:	GULFPORT MS 30501

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

Title	VP
Name	BRUZZESE, JOHN
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

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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**ASST. SECRETARY****04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name TOUPS, NORMAN
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

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

Title ASST. SECRETARY
Name LOUPE, PATRICIA K
Address 228 ST. CHARLES AVENUE
EXECUTIVE OFFICES
City-State-Zip: NEW ORLEANS LA 70130

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

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