

2016 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	VP
Name	KEILHOLZ, JOHN
Address	2510 14TH STREET
City-State-Zip:	GULFPORT MS 39501

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

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

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

Title	TREASURER
Name	ALLEN, MEGHAN
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

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 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**ASSISTANT SECRETARY** 04/19/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

Title SECRETARY
Name PHILLIPS, JOY LAMBERT
Address 2510 14TH STREET
LEGAL DEPARTMENT
City-State-Zip: GULFPORT MS 39501