

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005054

Entity Name: ARGENT TRUST COMPANY OF TENNESSEE**Current Principal Place of Business:**3102 WEST END AVENUE, SUITE 775
NASHVILLE, TN 37203**Current Mailing Address:**500 EAST REYNOLDS DR.
RUSTON, LA 71270 US**FEI Number:** 62-1437218**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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:** D. KYLE MCDONALD

03/06/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name MCDONALD, D KYLE
Address 500 E REYNOLDS DR
City-State-Zip: RUSTON LA 71270

Title D
Name DICKEY, JAMES SJR
Address 6055 PRIMACY PKWY STE 450
City-State-Zip: MEMPHIS TN 38119

Title D
Name GANIER, JAMES H
Address 540 FIELDS DR
City-State-Zip: ARLINGTON TN 38002

Title CEO
Name SAFER, HOWARD
Address 3100 WEST END AVENUE, SUITE 150
City-State-Zip: NASHVILLE TN 37203

Title DIRECTOR
Name JONES, JAMES R
Address 2425 GOLF CLUB LANE
City-State-Zip: NASHVILLE TN 37215

Title DIRECTOR
Name BUCHANAN, JACK P
Address 1081 TULIPWOOD LN
City-State-Zip: ATHENS GA 30606

Title DIRECTOR
Name WADE, CHARLIE
Address 755 EAST MULBERRY, SUITE 400
City-State-Zip: SAN ANTONIO TX 78212

Title DIRECTOR
Name WILLIAMS, DAVID
Address 1100 ABERNATHY ROAD, SUITE 550
City-State-Zip: ATLANTA GA 30328

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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: D KYLE MCDONALD

CHAIRMAN

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ALDERMAN, KEN
Address 600 UNIVERSITY PARK PLACE, SUITE 300
City-State-Zip: HOMEWOOD AL 35209

Title DIRECTOR
Name MEAD, LISA NARRELL
Address 1635 WOODBRIDGE PLACE
City-State-Zip: BIRMINGHAM AL 35216

Title DIRECTOR
Name LINKER, ALAN
Address 6401 WALNUT TRAIL RIDGE
City-State-Zip: PROSPECT KY 40059-8867