

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005054

Entity Name: ARGENT TRUST COMPANY**Current Principal Place of Business:**3102 WEST END AVE.
SUITE 775
NASHVILLE, TN 37203**Current Mailing Address:**500 EAST REYNOLDS DR.
RUSTON, LA 71270**FEI Number:** 62-1437218**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS BLVD.
SUITE 400
FORT MYERS, FL 33907 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	CHAIRMAN
Name	MCDONALD, D. KYLE
Address	500 EAST REYNOLDS DR
City-State-Zip:	RUSTON LA 71270

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

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

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

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

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

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

Title	DIRECTOR, EXECUTIVE VICE PRESIDENT
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****02/02/2021**

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 LEBLANC, DUT
Address 333 TEXAS STREET
SUITE 699
City-State-Zip: SHREVEPORT LA 71101

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

Title DIRECTOR, CHIEF FIDUCIARY
OFFICER
Name REID, HARRELL
Address 500 EAST REYNOLDS DR.
City-State-Zip: RUSTON LA 71270