

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000005063

Entity Name: HBHC COMPANY**Current Principal Place of Business:**2510 14TH STREET
GULFPORT, MS 39501**Current Mailing Address:**228 ST. CHARLES AVENUE
ATTN: TERESA LYGATE
NEW ORLEANS, LA 70130 US**FEI Number:** 64-0693170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION
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, CEO, PRESIDENT
Name CHANEY, CARL J.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR, CEO, COO
Name HAIRSTON, JOHN M.
Address 2510 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 EVP, CFO
Name ACHARY, MICHAEL M.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title EVP, SECRETARY
Name PHILLIPS, JOY LAMBERT
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 CHAIRMAN
Name ESTABROOK, JAMES B.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

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

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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. ASST. CORPORATE
SECRETARY****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title ASST. SECRETARY
Name AYRES, ANIKO K.
Address 228 ST. CHARLES AVENUE, SUITE 626
City-State-Zip: NEW ORLEANS LA 70130

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

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

Title DIRECTOR
Name HANNA, RANDALL W.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name LEVENS, JERRY L.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name NICKELSEN, ERIC J.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name PACE, JOHN H.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR

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

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

Title DIRECTOR
Name BERTUCCI, FRANK E.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name HALL, TERENCE E.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

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

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

Title DIRECTOR
Name OLINDE, THOMAS H.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name PICKERING, CHRISTINE L.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR
Name TOPAZI, ANTHONY J.

Name ROSEBERRY, ROBERT W.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501