

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000003754

**Entity Name:** EASTGROUP PROPERTIES, INC.**Current Principal Place of Business:**190 E CAPITOL STREET  
SUITE 400  
JACKSON, MS 39201**Current Mailing Address:**190 E CAPITOL STREET  
SUITE 400  
JACKSON, MS 39201**FEI Number:** 13-2711135**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 HOSTER, DAVID HII  
Address 190 E. CAPITOL STREET, SUITE 400  
City-State-Zip: JACKSON MS 39201

Title STCF  
Name MCKEY, N KEITH  
Address 190 E. CAPITOL STREET, SUITE 400  
City-State-Zip: JACKSON MS 39201

Title VPCS  
Name CORKERN, BRUCE  
Address 190 E. CAPITOL STREET, SUITE 400  
City-State-Zip: JACKSON MS 39201

Title D  
Name ALOIAN, D PIKE  
Address 190 E. CAPITOL STREET, SUITE 400  
City-State-Zip: JACKSON MS 39201

Title D  
Name BAILEY, H. CJR.  
Address 190 E. CAPITOL STREET, SUITE 400  
City-State-Zip: JACKSON MS 39201

Title DIRECTOR  
Name BOLTON, H. ERIC JR.  
Address 190 E CAPITOL STREET  
SUITE 400  
City-State-Zip: JACKSON MS 39201

Title PRESIDENT, CEO, DIRECTOR  
Name LOEB, MARSHALL  
Address 190 E CAPITOL STREET  
SUITE 400  
City-State-Zip: JACKSON MS 39201

Title DIRECTOR  
Name EAVES, HAYDEN C III  
Address 190 E CAPITOL STREET  
SUITE 400  
City-State-Zip: JACKSON MS 39201

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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:** N KEITH MCKEY**CFO****02/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GOULD, FREDRIC H  
Address 190 E CAPITOL STREET  
SUITE 400  
City-State-Zip: JACKSON MS 39201

Title DIRECTOR  
Name SPEED, LELAND R.  
Address 190 E. CAPITOL STREET  
SUITE 400  
City-State-Zip: JACKSON MS 39201

Title DIRECTOR  
Name MCCORMIC, MARY E  
Address 190 E CAPITOL STREET  
SUITE 400  
City-State-Zip: JACKSON MS 39201