

2015 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 CD
Name SPEED, LELAND R
Address 190 E. CAPITOL STREET, SUITE 400
City-State-Zip: JACKSON MS 39201

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

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: N KEITH MCKEY**CHIEF FINANCIAL
OFFICER****03/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EAVES, HAYDEN C III
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

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

Title DIRECTOR
Name OSNOS, DAVID M
Address 190 E CAPITOL STREET
SUITE 400
City-State-Zip: JACKSON MS 39201