2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000002743

FILED
Apr 22, 2020
Secretary of State
2186393870CC

Entity Name: HANCOCK WHITNEY EQUIPMENT FINANCE, LLC

Current Principal Place of Business:

701 POYDRAS STREET
NEW ORLEANS, LA 70139

Current Mailing Address:

701 POYDRAS STREET
ATTN: KYNA N. SMITH SUITE 3000
NEW ORLEANS, LA 70139 US

FEI Number: 47-5079398

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

Authorized Person(s) Detail :

Title	MGR
Name	BUCHER, CHRISTOPHER
Address	701 POYDRAS STREET 16TH FLOOR SUITE 312
City-State-Zip:	NEW ORLEANS LA 70139

Title	AUTHORIZED MEMBER
Name	HANCOCK WHITNEY BANK
Address	701 POYDRAS STREET ATTN: KYNA N. SMITH SUITE 3000
City-State-Zip:	NEW ORLEANS LA 70139

Title	OPERATIONS SUPPORT MANAGER
Name	ANDERSON, RHONDA
Address	701 POYDRAS STREET 16 FLOOR SUITE 301
City-State-Zip:	NEW ORLEANS LA 70139

Title	CORPORATE SECRETARY
Name	PHILLIPS, JOY LAMBERT
Address	2510 14TH STREET 6TH FLOOR
City-State-Zip:	GULFPORT MS 39501

Title	MGR, OFFICER
Name	KNIGHT, CECIL W. JR.
Address	701 POYDRAS STREET SUITE 3400
City-State-Zip:	NEW ORLEANS LA 70139

Title	VP, CAPITAL MARKETS DIRECTOR
Name	PERICAK, THOMAS
Address	701 POYDRAS STREET 16TH FLOOR SUITE 312
City-State-Zip:	NEW ORLEANS LA 70139

Title	TREASURER
Name	ACHARY, MICHAEL
Address	701 POYDRAS STREET SUITE 3400
City-State-Zip:	NEW ORLEANS LA 70139

Title	ASSISTANT CORPORATE SECRETARY
Name	LOUPE, PATRICIA
Address	701 POYDRAS STREET SUITE 3400
City-State-Zip:	NEW ORLEANS LA 70139

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KYNA N. SMITH ASST SECRETARY 04/22/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	ASSISTANT CORPORATE SECRETARY
Name	SMITH, KYNA N
Address	701 POYDRAS STREET SUITE 3000
City-State-Zip:	NEW ORLEANS LA 70139

Title	CORPORATE TAX OFFICER
Name	LEW, BONNIE
Address	701 POYDRAS STREET SUITE 1500
City-State-Zip:	NEW ORLEANS LA 70139