

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000002743

**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: STEPHANIE TAYLOR 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	VP, CAPITAL MARKETS DIRECTOR
Name	PERICAK, THOMAS
Address	701 POYDRAS STREET 16TH FLOOR SUITE 312
City-State-Zip:	NEW ORLEANS LA 70139
Title	TREASURER, DIRECTOR
Name	ACHARY, MICHAEL
Address	701 POYDRAS STREET SUITE 3400
City-State-Zip:	NEW ORLEANS LA 70139
Title	SENIOR ASSISTANT CORPORATE SECRETARY
Name	LOUPE, PATRICIA
Address	701 POYDRAS STREET SUITE 3400
City-State-Zip:	NEW ORLEANS LA 70139

Title	AUTHORIZED MEMBER
Name	HANCOCK WHITNEY BANK
Address	701 POYDRAS STREET ATTN: STEPHANIE TAYLOR 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	KUHNER, JUANITA P.
Address	2510 14TH STREET 6TH FLOOR
City-State-Zip:	GULFPORT MS 39501
Title	ASSISTANT CORPORATE SECRETARY
Name	TAYLOR, STEPHANIE W.
Address	2510 14TH ST. 6TH FL.
City-State-Zip:	GULFPORT MS 39501

**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 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:** STEPHANIE TAYLOR**ASSISTANT SECRETARY** 04/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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

Title DIRECTOR  
Name LOPER, D. SHANE  
Address 2510 14TH ST.  
6TH FL.  
City-State-Zip: GULFPORT MS 39501

Title MANAGER, DIRECTOR OF  
OPERATIONS  
Name BERGERON, ELIZABETH  
Address 701 POYDRAS STREET, SUITE 3000  
City-State-Zip: NEW ORELANS LA 70139

Title DIRECTOR  
Name ZILUCA, CHRISTOPHER S.  
Address 701 POYDRAS STREET, SUITE 3000  
City-State-Zip: NEW ORLEANS LA 70139