

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003754

Entity Name: EASTGROUP PROPERTIES, INC.**Current Principal Place of Business:**400 W PARKWAY PL
SUITE 100
RIDGELAND, MS 39157**Current Mailing Address:**400 W PARKWAY PLACE
SUITE 100
RIDGELAND, MS 39157 US**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 400 W PARKWAY PL
SUITE 100
City-State-Zip: RIDGELAND MS 39157

Title D
Name ALOIAN, D PIKE
Address 400 W PARKWAY PL
SUITE 100
City-State-Zip: RIDGELAND MS 39157

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 400 W PARKWAY PL
SUITE 100
City-State-Zip: RIDGELAND MS 39157

Title DIRECTOR
Name EAVES, HAYDEN C III
Address 400 W PARKWAY PL
SUITE 100
City-State-Zip: RIDGELAND MS 39157

Title DIRECTOR
Name MCCORMIC, MARY E
Address 400 W PARKWAY PL
SUITE 100
City-State-Zip: RIDGELAND MS 39157

Title DIRECTOR
Name COLLERAN, DONALD F
Address 400 W PARKWAY PL
SUITE 100
City-State-Zip: RIDGELAND MS 39157

Title CFO
Name WOOD, BRENT
Address 400 W PARKWAY PL
SUITE 100
City-State-Zip: RIDGELAND MS 39157

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: STACI H. TYLER

CAO

01/18/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SANDSTROM, KATHERINE M
Address 400 W. PARKWAY PLACE, SUITE 100
City-State-Zip: RIDGELAND MS 39157

Title DIRECTOR
Name FIELDS, DAVID
Address 400 W PARKWAY PLACE
SUITE 100
City-State-Zip: RIDGELAND MS 39157

Title CAO
Name TYLER, STACI H.
Address 400 W PARKWAY PLACE
SUITE 100
City-State-Zip: RIDGELAND MS 39157