

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000007297

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**9450677352CC**

**Entity Name:** EASTGROUP TRS, INC.

**Current Principal Place of Business:**

400 W PARKWAY PLACE  
SUITE 100  
RIDGELAND, MS 39157

**Current Mailing Address:**

400 W PARKWAY PLACE  
SUITE 100  
RIDGELAND, MS 39157 US

**FEI Number:** 64-0934059

**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            CAO  
Name            CORKERN, BRUCE  
Address        400 W PARKWAY PLACE  
                 SUITE 100  
City-State-Zip: RIDGELAND MS 39157

Title            PRESIDENT, CEO, DIRECTOR  
Name            LOEB, MARSHALL  
Address        400 W PARKWAY PLACE  
                 SUITE 100  
City-State-Zip: RIDGELAND MS 39157

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

*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: BRUCE CORKERN**

**CHIEF ACCOUNTING  
OFFICER**

**02/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date