

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003754

FILED
Feb 10, 2012
Secretary of State

Entity Name: EASTGROUP PROPERTIES, INC.

Current Principal Place of Business:

190 E CAPITOL STREET
SUITE 400
JACKSON, MS 39201

New Principal Place of Business:

Current Mailing Address:

190 E CAPITOL STREET
SUITE 400
JACKSON, MS 39201

New Mailing Address:

FEI Number: 13-2711135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: PD
Name: HOSTER, DAVID H II
Address: 190 E. CAPITOL STREET, SUITE 400
City-St-Zip: JACKSON, MS 39201

Title: STCF
Name: MCKEY, N KEITH
Address: 190 E. CAPITOL STREET, SUITE 400
City-St-Zip: JACKSON, MS 39201

Title: VPCS
Name: CORKERN, BRUCE
Address: 190 E. CAPITOL STREET, SUITE 400
City-St-Zip: JACKSON, MS 39201

Title: D
Name: ALOIAN, D PIKE
Address: 190 E. CAPITOL STREET, SUITE 400
City-St-Zip: JACKSON, MS 39201

Title: D
Name: BAILEY, H. C JR.
Address: 190 E. CAPITOL STREET, SUITE 400
City-St-Zip: JACKSON, MS 39201

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

VPCS

02/10/2012

Electronic Signature of Signing Officer or Director

_____ Date