

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000003754

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

**Current Principal Place of Business:**

190 E CAPITOL STREET  
SUITE 400  
JACKSON, MS 39201

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC3248877569**

**Current Mailing Address:**

190 E CAPITOL STREET  
SUITE 400  
JACKSON, MS 39201

**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        190 E. CAPITOL STREET, SUITE 400  
City-State-Zip: JACKSON MS 39201

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

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

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

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

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        190 E CAPITOL STREET  
SUITE 400  
City-State-Zip: JACKSON MS 39201

Title           DIRECTOR  
Name           EAVES, HAYDEN C III  
Address        190 E CAPITOL STREET  
SUITE 400  
City-State-Zip: JACKSON MS 39201

**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:** N KEITH MCKEY

**CHIEF FINANCIAL  
OFFICER**

**04/15/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GOULD, FREDRIC H  
Address 190 E CAPITOL STREET  
SUITE 400  
City-State-Zip: JACKSON MS 39201

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

Title DIRECTOR  
Name MCCORMIC, MARY E  
Address 190 E CAPITOL STREET  
SUITE 400  
City-State-Zip: JACKSON MS 39201

Title DIRECTOR  
Name OSNOS, DAVID M.  
Address 190 E. CAPITOL STREET  
SUITE 400  
City-State-Zip: JACKSON MS 39201