

**2022 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

**FILED**  
**Mar 16, 2022**  
**Secretary of State**  
**5480765737CC**

**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

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*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**

**03/16/2022**

\_\_\_\_\_  
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 CAO  
Name TYLER, STACI H.  
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