

**2024 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 13, 2024**  
**Secretary of State**  
**6814526684CC**

**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	Title	DIRECTOR
Name	ALOIAN, D PIKE	Name	BOLTON, H. ERIC JR.
Address	400 W PARKWAY PL SUITE 100	Address	190 E CAPITOL STREET SUITE 400
City-State-Zip:	RIDGELAND MS 39157	City-State-Zip:	JACKSON MS 39201
Title	PRESIDENT, CEO, DIRECTOR	Title	DIRECTOR
Name	LOEB, MARSHALL	Name	MCCORMIC, MARY E
Address	400 W PARKWAY PL SUITE 100	Address	400 W PARKWAY PL SUITE 100
City-State-Zip:	RIDGELAND MS 39157	City-State-Zip:	RIDGELAND MS 39157
Title	DIRECTOR	Title	CFO
Name	COLLERAN, DONALD F	Name	WOOD, BRENT
Address	400 W PARKWAY PL SUITE 100	Address	400 W PARKWAY PL SUITE 100
City-State-Zip:	RIDGELAND MS 39157	City-State-Zip:	RIDGELAND MS 39157
Title	DIRECTOR	Title	CAO
Name	SANDSTROM, KATHERINE M	Name	TYLER, STACI H.
Address	400 W. PARKWAY PLACE, SUITE 100	Address	400 W PARKWAY PLACE SUITE 100
City-State-Zip:	RIDGELAND MS 39157	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**

**03/13/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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