

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90073 012 \*\*\*150.00

FORM 001 11

**DOCUMENT # F97000003754**

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

Principal Place of Business <b>300 ONE JACKSON PLACE          188 EAST CAPITOL ST          JACKSON MS 39201</b>	Mailing Address <b>300 ONE JACKSON PLACE          188 EAST CAPITOL ST          JACKSON MS 39201</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>13-2711135</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <input type="checkbox"/> Delete <b>SPEED, LELAND R</b> <b>300 ONE JACKSON PLACE, 188 EAST CAPITOL ST</b> <b>JACKSON MS 39201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD</b> <input type="checkbox"/> Delete <b>HOSTER, DAVID H II</b> <b>300 ONE JACKSON PLACE, 188 EAST CAPITOL ST</b> <b>JACKSON MS 39201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOT</b> <input type="checkbox"/> Delete <b>MCKEY, N K</b> <b>300 ONE JACKSON PLACE, 188 EAST CAPITOL ST</b> <b>JACKSON MS 39201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>PUCKETT, JANN W</b> <b>300 ONE JACKSON PLACE, 188 EAST CAPITOL ST</b> <b>JACKSON MS 39201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See Attached

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE OF MCKEY CFO** **2-5-02** **601-394-3555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment Document # 928740  
F97000003754

**EastGroup Properties, Inc.**  
300 One Jackson Place  
188 East Capital Street  
Jackson, MS 39201

Chairman of the Board	Leland R. Speed
Chief Executive Officer and President	David H. Hoster II
Executive Vice President, Chief Financial Officer, Secretary and Treasurer	N. Keith McKey
Senior Vice President and Controller	Bruce Corkern
Senior Vice President	Anthony Bruno
Senior Vice President	John F. Coleman
Senior Vice President	William D. Petsas
Vice President	Jann W. Puckett
Vice President	Brent Wood
Vice President	Bill Gray
Vice President	Anthony A. Rufrano
Senior Asset Manager	Chris Segrest
Senior Asset Manager	Cory Collins
Assistant Controller	Melissa Miller
Assistant Controller	Mary McNair
MIS Officer	Ken Redford

**Directors**

D. Pike Aloian  
Alexander G. Anagnos  
H.C. Bailey, Jr.  
Fredric H. Gould  
David H. Hoster II  
David M. Osnos  
Leland R. Speed