

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053890

FILED
Apr 25, 2013
Secretary of State
CC4069335805

Entity Name: SALEM TRUST COMPANY

Current Principal Place of Business:

1715 N. WESTSHORE BOULEVARD
SUITE 750
TAMPA, FL 33607

Current Mailing Address:

1715 N. WESTSHORE BOULEVARD
SUITE 750
TAMPA, FL 33607

FEI Number: 56-2075834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 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 PCEO
Name RINSEM, BRAD
Address 801 WARRENVILLE ROAD, SUITE 500
City-State-Zip: LISLE IL 60532

Title SVP
Name CHANEY, LETA
Address 801 WARRENVILLE ROAD, SUITE 500
City-State-Zip: LISLE IL 60532

Title SVP
Name RUSSO, KAREN
Address 801 WARRENVILLE ROAD, SUITE 500
City-State-Zip: LISLE IL 60532

Title SVP
Name BEARD, GREGORY
Address 801 WARRENVILLE RD, STE 500
City-State-Zip: LISLE IL 60532

Title AVP
Name BIZZELL, BRIAN
Address 801 WARRENVILLE ROAD, SUITE 500
City-State-Zip: LISLE IL 60532

Title TECHNOLOGY SECURITY OFFICER
Name KROEGER, PAUL
Address 801 WARRENVILLE ROAD, SUITE 500
STE 500
City-State-Zip: LISLE IL 60532

Title COO, SVP
Name RHEIN, MARK
Address 801 WARRENVILLE ROAD
STE 500
City-State-Zip: LISLE IL 60532

Title SECRETARY
Name YURKANIN, WALTER
Address 801 WARRENVILLE ROAD
STE 500
City-State-Zip: LISLE IL 60532

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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: WALTER YURKANIN

CHIEF LEGAL OFFICER

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name WEBER, TIM
Address 801 WARRENVILLE ROAD
 STE 500
City-State-Zip: LISLE IL 60532

Title ASST. SECRETARY
Name JELINEK, LINDA
Address 810 WARRENVILLE ROAD
 STE 500
City-State-Zip: LISLE IL 60532

Title CHIEF RISK OFFICER
Name KRAUSE, MARY
Address 801 WARRENVILLE ROAD
 STE 500
City-State-Zip: LISLE IL 60532

Title DIRECTOR
Name WELGAT, MICHAEL
Address 801 WARRENVILLE ROAD
 STE 500
City-State-Zip: LISLE IL 60532

Title DIRECTOR
Name DARR, ROBERT
Address 801 WARRENVILLE ROAD
 STE 500
City-State-Zip: LISLE IL 60532

Title VP
Name FARROW, CINDY
Address 801 WARRENVILLE ROAD
 STE 500
City-State-Zip: LISLE IL 60532

Title TRUST OFFICER
Name KOC SIS, DEBBIE
Address 801 WARRENVILLE ROAD
 STE 500
City-State-Zip: LISLE IL 60532

Title DIRECTOR
Name ELSTE, MARK
Address 801 WARRENVILLE ROAD
 STE 500
City-State-Zip: LISLE IL 60532

Title DIRECTOR
Name BRUHN, JOHN
Address 801 WARRENVILLE ROAD
 STE 500
City-State-Zip: LISLE IL 60532

Title DIRECTOR
Name MCGARRY, CARMEN
Address 801 WARRENVILLE ROAD
 STE 500
City-State-Zip: LISLE IL 60532