

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053890

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

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

Title ASST. SECRETARY
Name JELINEK, LINDA
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 TECHNOLOGY SECURITY OFFICER
Name KROEGER, PAUL
Address 801 WARRENVILLE ROAD
SUITE 500
City-State-Zip: LISLE IL 60532

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

Title TRUST OFFICER
Name KOC SIS, DEBBIE
Address 801 WARRENVILLE ROAD
SUITE 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: TIM WEBER

TREASURER

02/19/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE PRESIDENT BSA OFFICER
Name KRAUSE, MARY
Address 801 WARRENVILLE ROAD
SUITE 500
City-State-Zip: LISLE IL 60532

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

Title VP
Name SKINNER, LYNN
Address 801 WARRENVILLE ROAD
SUITE 500
City-State-Zip: LISLE IL 60532

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

Title VP
Name RICHTER, DAVID
Address 801 WARRENVILLE ROAD
SUITE 500
City-State-Zip: LISLE IL 60532

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

Title INVESTMENT OFFICRE
Name HUIE, TOMMY
Address 801 WARRENVILLE ROAD
SUITE 500
City-State-Zip: LISLE IL 60532

Title DIRECTOR
Name BEDRAN, DAVID
Address 801 WARRENVILLE ROAD
SUITE 500
City-State-Zip: LISLE IL 60532

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