

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000000760

Entity Name: SALT INSTITUTE, INC.**Current Principal Place of Business:**405 5TH AVE SOUTH SUITE 7C
NAPLES, FL 34102-6515**Current Mailing Address:**405 5TH AVE SOUTH SUITE 7C
NAPLES, FL 34102-6515 US**FEI Number:** 36-2235413**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 DASCHER, MITCHELL
Address 10955 LOWELL, SUITE 500
City-State-Zip: OVERLAND PARK KS 66210

Title DIRECTOR
Name SEPICH, ANTHONY
Address 9900 W.109TH STREET SUITE 600
City-State-Zip: OVERLAND PARK KS 66210

Title CHAIRMAN
Name MAXFIELD, RICHARD
Address 9380 EXCELSIOR BLVD
MS-21-6
City-State-Zip: HOPKINS MN 55343

Title DIRECTOR
Name ERTEL, DAN
Address 454 PINE STREET
City-State-Zip: WILLIAMSPORT PA 17701

Title DIRECTOR
Name HERRMANN, CHRISTIAN
Address 444 WEST LAKE STREET, SUITE 3000
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT
Name ROMAN, LORI
Address 405 5TH AVE SOUTH SUITE 7C
City-State-Zip: NAPLES FL 34102-6515

Title DIRECTOR
Name O'DONNELL, JAMES F
Address 4800 SAN FELIPE
City-State-Zip: HOUSTON TX 77056

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORI ROMAN**PRESIDENT****01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date