

**2017 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 POWELL, PETER  
Address 4919 LAMAR AVE  
City-State-Zip: MISSION KS 66202

Title DIRECTOR  
Name HERRMANN, CHRISTIAN  
Address 123 N.WACKER DRIVE  
City-State-Zip: CHICAGO IL 60606-1743

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

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

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

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

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

*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****05/01/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date