2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2011
Secretary of State

DOCUMENT# P98000053890

Entity Name: SALEM TRUST COMPANY

Current Principal Place of Business:

4890 WEST KENNEDY BLVD
SUITE 160
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4890 WEST KENNEDY BLVD
SUITE 160
TAMPA, FL 33609

New Mailing Address:

FEI Number: 56-2075834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: RINSEM, BRAD
Address: 801 WARRENVILLE ROAD, SUITE 500
City-St-Zip: LISLE, IL 60532

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

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

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

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

Title: SECY
Name: MCAFEE, LAUREN
Address: 801 WARRENVILLE ROAD, SUITE 500
City-St-Zip: LISLE, IL 33609

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: LAUREN MCAFEE SECY 04/15/2011

Electronic Signature of Signing Officer or Director Date