2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2014
Secretary of State
CC8420945175

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

Title	TREASURER
Name	WEBER, TIM
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 SECRETARY 04/28/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	TRUST OFFICER
Name	KOCSIS, 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	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