

2015 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	SVP
Name	RUSSO, KAREN
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	AVP
Name	BIZZELL, BRIAN
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 STE 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	SECRETARY
Name	YURKANIN, WALTER
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****01/21/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name JELINEK, LINDA
Address 810 WARRENVILLE ROAD
STE 500
City-State-Zip: LISLE IL 60532

Title VICE PRESIDENT BSA 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

Title ASST. SECRETARY
Name ECKMAN, SUSAN
Address 1715 N. WESTSHORE BOULEVARD
SUITE 750
City-State-Zip: TAMPA FL 33607

Title INVESTMENT OFFICER
Name ZIEGLER, JUSTIN
Address 1715 N. WESTSHORE BOULEVARD
SUITE 750
City-State-Zip: TAMPA FL 33607

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 INVESTMENT OFFICER
Name HUIE, TOMMY
Address 1715 N. WESTSHORE BOULEVARD
SUITE 750
City-State-Zip: TAMPA FL 33607

Title VP
Name SKINNER, LYNN
Address 1715 N. WESTSHORE BOULEVARD
SUITE 750
City-State-Zip: TAMPA FL 33607