2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053890

Entity Name: SALEM TRUST COMPANY

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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:

City-State-Zip:

City-State-Zip:

Name

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Apr 13, 2018

Secretary of State

CC3919819027

Officer/Director Detail:

LISLE IL 60532

LISLE IL 60532

Title VICE CHAIRMAN OF THE BOARD Title SVP

Name RINSEM, BRAD Name RUSSO, KAREN

Address 801 WARRENVILLE ROAD Address 801 WARRENVILLE ROAD

SUITE 500 SUITE 500

LISLE IL 60532 City-State-Zip: LISLE IL 60532

Title TECHNOLOGY SECURITY OFFICER Title CEO, PRESIDENT

Name KROEGER, PAUL Name RHEIN, MARK

Address 801 WARRENVILLE ROAD Address 801 WARRENVILLE ROAD

SUITE 500 SUITE 500

Title TREASURER Title ASSISTANT SECRETARY

Name WEBER, TIM Name JELINEK, LINDA

Address 801 WARRENVILLE ROAD Address 801 WARRENVILLE ROAD

SUITE 500 SUITE 500

City-State-Zip: LISLE IL 60532 City-State-Zip: LISLE IL 60532

Title TRUST OFFICER Title BSA OFFICER, INFO SECURITY

KOCSIS, DEBBIE PROGRAM OFFICER

Name SENDAG, HEATHER

Address 801 WARRENVILLE ROAD

SUITE 500 Address 801 WARRENVILLE ROAD SUITE 500

City-State-Zip: LISLE IL 60532

LISLE IL 60532

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City-State-Zip:

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: TIM WEBER TREASURER 04/13/2018

Officer/Director Detail Continued:

Title DIRECTOR Title VP

Name WELGAT, MICHAEL Name SKINNER, LYNN

Address 801 WARRENVILLE ROAD Address 801 WARRENVILLE ROAD

SUITE 500 SUITE 500

City-State-Zip: LISLE IL 60532 City-State-Zip: LISLE IL 60532

Title CHAIRMAN OF THE BOARD Title VP

Name BEDRAN, DAVID Name JOHNSON, MINDY

Address 801 WARRENVILLE ROAD Address 801 WARRENVILLE ROAD

SUITE 500 SUITE 500

City-State-Zip: LISLE IL 60532 City-State-Zip: LISLE IL 60532

Title DIRECTOR Title DIRECTOR

Name BOUDA, BRIAN Name MITCHELL, GEORGE

Address 801 WARRENVILLE RD Address 801 WARRENVILLE RD

SUITE 500 SUITE 500

City-State-Zip: LISLE IL 60532 City-State-Zip: LISLE IL 60532