

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214530054

1.) CORPORATION NAME:

**Morton Salt, Inc.**

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1832932**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 123 N WACKER DR

CITY/ST/ZIP: CHICAGO, IL 60606

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CHRISTIAN H HERRMANN  OFFICER  DIRECTOR  
 TITLE: PRESIDENT  
 ADDRESS: 123 N WACKER DR  
 CITY/ST/ZIP/CO: CHICAGO, IL 60606

NAME: ANDREW J KOTLARZ  OFFICER  DIRECTOR  
 TITLE: VICE PRESIDENT  
 ADDRESS: 123 N WACKER DR  
 CITY/ST/ZIP/CO: CHICAGO, IL 60606

NAME: ANDREW J KOTLARZ  OFFICER  DIRECTOR  
 TITLE: TREASURER  
 ADDRESS: 123 N WACKER DR  
 CITY/ST/ZIP/CO: CHICAGO, IL 60606

NAME: ROBIN MARTIN  OFFICER  DIRECTOR  
 TITLE: ASST TREASURER  
 ADDRESS: 123 N WACKER DR  
 CITY/ST/ZIP/CO: CHICAGO, IL 60606

NAME: MARY E DOOHAN  OFFICER  DIRECTOR  
 TITLE: SECRETARY  
 ADDRESS: 123 N WACKER DRIVE  
 CITY/ST/ZIP/CO: CHICAGO, IL 60606

NAME: CHRISTIAN H HERRMANN  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 123 N WACKER DR  
 CITY/ST/ZIP/CO: CHICAGO, IL 60606

NAME: ANDREW J KOTLARZ TITLE: DIRECTOR ADDRESS: 123 N WACKER DRIVE CITY/ST/ZIP/CO: CHICAGO, IL 60606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIPP STAEHRFELDT TITLE: DIRECTOR ADDRESS: 123 N WACKER DR CITY/ST/ZIP/CO: CHICAGO, IL 60606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEAN-LOUIS DAVID TITLE: DIRECTOR ADDRESS: 123 N. WACKER DR. CITY/ST/ZIP/CO: CHICAGO, IL 60606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ANDREW J KOTLARZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANDREW J KOTLARZ, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/11/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		