

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002903

FILED  
Mar 01, 2005  
Secretary of State

Entity Name: PRAIRIELAND BANCORP., INC.

**Current Principal Place of Business:**

484 EAST MAIN STREET  
BUSHNELL, IL 61422

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 149  
BUSHNELL, IL 61422

**New Mailing Address:**

FEI Number: 37-1098758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIALEK, JOSHUA M ESQ.  
5801 PELICAN BAY BLVD., SUITE 300  
NAPLE, FL 34108 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: STEELMAN, MICHAEL G  
Address: 484 EAST MAIN STREET  
City-St-Zip: MUSHNELL, IL 61422

Title: VD ( ) Delete  
Name: HOLLAND, STEPHEN  
Address: 495 W. OSBORN STREET  
City-St-Zip: BUSHNELL, IL 61422

Title: SD ( ) Delete  
Name: SWARTZBAUGH, DONALD C  
Address: 484 E. MAIN STREET  
City-St-Zip: BUSHNELL, IL 61422

Title: TD ( ) Delete  
Name: CORTELYOU, DANIEL P  
Address: 484 E. MAIN STREET  
City-St-Zip: BUSHNELL, IL 61422

Title: D ( ) Delete  
Name: RAUCHERT, CYNTHIA  
Address: 8 HILLCREST DRIVE  
City-St-Zip: BUSHNELL, IL 61422

Title: D ( ) Delete  
Name: MORROW, TERRY  
Address: 8 RED CLOVER CORUT  
City-St-Zip: ST. CHARLES, MO 63303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL G. STEELMAN

PCD

03/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date