

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000005507

**Entity Name:** BUSEY TRUST COMPANY**Current Principal Place of Business:**201 W. MAIN STREET  
URBANA, IL 61801**Current Mailing Address:**201 W. MAIN STREET  
URBANA, IL 61801 US**FEI Number:** 37-1205455**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, CURT A  
7980 SUMMERLIN LAKES DR  
FORT MYERS, FL 33907-1816 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:** CURT A. ANDERSON

03/06/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            ANDERSON, CURT A  
Address        201 W. MAIN STREET  
City-State-Zip: URBANA IL 61801

Title            CS  
Name            TWIGG, TERESA M  
Address        201 W. MAIN STREET  
City-State-Zip: URBANA IL 61801

Title            EVP  
Name            BALLSRUD, ROBERT J  
Address        201 W. MAIN STREET  
City-State-Zip: URBANA IL 61801

Title            DIRECTOR  
Name            DAWSON, T.O.  
Address        1719 MAYFAIR ROAD  
City-State-Zip: CHAMPAIGN IL 61821

Title            DIRECTOR  
Name            FELDMAN, VICTOR F  
Address        66 GREENCROFT DR  
City-State-Zip: CHAMPAIGN IL 61821

Title            DIRECTOR  
Name            INGRUM, JEFFREY C  
Address        301 S. VINE ST.  
City-State-Zip: URBANA IL 61801

Title            DIRECTOR  
Name            SORKIN, HARLAN L JR.  
Address        12920 TOPPINGS ESTATE SOUTH DR.  
City-State-Zip: ST. LOUIS MO 63131-1322

Title            DIRECTOR  
Name            STURTEVANT, WILLIAM T  
Address        1305 CROSS CREEK ROAD  
City-State-Zip: MAHOMET IL 61853

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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:** ROBERT J. BALLSRUD

EVP

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name THIES, DAVID C  
Address 3218 LAKESHORE DRIVE  
City-State-Zip: CHAMPAIGN IL 61822

Title DIRECTOR  
Name WEBB, MARY ANN  
Address 3207 YORKSHIRE CT.  
City-State-Zip: BLOOMINGTON IL 61704

Title DIRECTOR  
Name DENNISON, BRIAN R  
Address 10 TIMBER WOLF DR  
City-State-Zip: MORTON IL 61550

Title DIRECTOR  
Name TYROLT, DAVID W  
Address 2695 S LAKE PKWY  
City-State-Zip: DECATUR IL 62521

Title CHAIRMAN  
Name DUKEMAN, VAN A  
Address S RIVER OAKS DR  
City-State-Zip: MAHOMET IL 61853