

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000249

FILED
Jan 08, 2008
Secretary of State

Entity Name: FARMERS AND MERCHANTS STATE BANK OF BUSHNELL

Current Principal Place of Business:

484 EAST MAIN
BUSHNELL, IL 61422

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 149
BUSHNELL, IL 61422

New Mailing Address:

FEI Number: 37-1098757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARY, MARY BETH M ESQ.
5801 PELICAN BAY BLVD., SUITE 300
NAPLES, 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: PD () Delete
Name: CORTELYOU, DANIEL P
Address: 484 EAST MAIN
City-St-Zip: BUSHNELL, IL 61422

Title: D () Delete
Name: HOLLAND, STEPHEN E
Address: 484 E. MAIN ST.
City-St-Zip: BUSHNELL, IL 61422

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

Title: D () Delete
Name: CURTIS, KENNETH A
Address: 484 EAST MAIN
City-St-Zip: BUSHNELL, IL 61422

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

CD

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date