2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002903

MORROW, TERRY

8 RED CLOVER CORUT

ST. CHARLES, MO 63303

Name:

Address:

City-St-Zip:

Entity Name: PRAIRIELAND BANCORP.. INC

FILED Jan 08, 2008 Secretary of State

Littly Na	IIIC. FRAIRIC	LAND BANCORF., INC.		
Current Principal Place of Business:			New Principal Place	of Business:
	MAIN STREE L, IL 61422	Т		
Current Mailing Address:			New Mailing Address:	
P.O. BOX BUSHNEL	149 .L, IL 61422			
FEI Number	: 37-1098758	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
BIALEK, JO 5801 PELI NAPLE, FI	OSHUA M ESO CAN BAY BLV L 34108 US	D., SUITE 300		
	e named entity e of Florida.	submits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electron	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PCD (STEELMAN, M 484 EAST MAII MUSHNELL, IL	N STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD (HOLLAND, STE 495 W. OSBOI BUSHNELL, IL	RN STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD (CORTELYOU, 484 E. MAIN S' BUSHNELL, IL	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (RAUCHERT, C 8 HILLCREST BUSHNELL, IL	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D () Delete	Title [.]	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL G. STEELMAN PCD 01/08/2008