

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne M. Moore  
Secretary of State  
1901 North West 20th Street  
Tallahassee, Florida 32304-0001

DOCUMENT # **F95000005015 (1)**

1. Corporation Name  
**HEARTLAND BANK**

Principal Place of Business

4901 COLLEGE BLVD  
LEAWOOD KS 66211

Mail Address

4901 COLLEGE BLVD  
LEAWOOD KS 66211



2. Principal Place of Business

2a. Mailing Address

21	State	26	State
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25	Country	30	Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81	Name
82	Street Address (P.O. Box Number, Not Applicable)
83	City
84	State
85	Zip Code

3. Date Incorporated or Qualified

10/16/1995

3a. Date of Last Report

4. FEIN Number

48-0169140

Applied For  
Not Applicable

5. Certificate of State Debt

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for a taxable tax under S. 190.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

SIGNATURE

12. OFFICER, DIRECTOR, AND

OFF	DST	[ ] DELETED
NAME	BERLAU, DALE C	
STREET ADDRESS	6258 GLENFIELD DR	
CITY, STATE, ZIP	SHAWNEE MISSION KS 66205	
OFF	DC	[ ] DELETED
NAME	BERLAU, MICHAEL V	
STREET ADDRESS	4901 COLLEGE BLVD	
CITY, STATE, ZIP	LEAWOOD KS 66211	
OFF	DP	[ ] DELETED
NAME	MCCUE, JOHN J	
STREET ADDRESS	4901 COLLEGE BLVD	
CITY, STATE, ZIP	LEAWOOD KS 66211	
OFF	D	[ ] DELETED
NAME	NULTY, MICHAEL	
STREET ADDRESS	120 DELAWARE	
CITY, STATE, ZIP	JEWELL KS 66949	
OFF	DP	[ ] DELETED
NAME	THIESSEN, JAMES E	
STREET ADDRESS	120 S WASHINGTON	
CITY, STATE, ZIP	JEWELL KS 66949	
OFF		[ ] DELETED

13.

NAME		[ ] Change [ ] Addition
STREET ADDRESS		[ ] Change [ ] Addition
CITY, STATE, ZIP		[ ] Change [ ] Addition
NAME		[ ] Change [ ] Addition
STREET ADDRESS		[ ] Change [ ] Addition
CITY, STATE, ZIP		[ ] Change [ ] Addition
NAME		[ ] Change [ ] Addition
STREET ADDRESS		[ ] Change [ ] Addition
CITY, STATE, ZIP		[ ] Change [ ] Addition

14. I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief. I further certify that the information included on this annual report was supplied to annual report service and I understand that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I am responsible for the information furnished hereon as required by Chapter 604, Florida Statutes, and that my name appears in Block 12 of this report and I am not being removed from the list of officers and directors.

SIGNATURE: *James E Thussen* James E Thussen, President 3/13/96 913-428-3241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)