

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
1900 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

11. Pursuant to the provisions of Sections 612.01 and 612.02(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida and in any other state in which it is registered, based on information furnished by the applicant as registered agent. I am familiar with and I accept the responsibility for the accuracy of the information furnished.

SIGNATURE

12.	NAME	13.	NAME
STREET ADDRESS	DST BERLAU, DALE C 6258 GLENFIELD DR SHAWNEE MISSION KS 66205	STREET ADDRESS	
CITY, STATE, ZIP	DC BERLAU, MICHAEL V 4901 COLLEGE BLVD LEAWOOD KS 66211	CITY, STATE, ZIP	
OFFICE	DP MCCUE, JOHN J 4901 COLLEGE BLVD LEAWOOD KS 66211	OFFICE	
NAME	D NULTY, MICHAEL 120 DELAWARE JEWELL KS 66949	NAME	
STREET ADDRESS	DP THIESSEN, JAMES E 120 S WASHINGTON JEWELL KS 66949	STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
OFFICE		OFFICE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
OFFICE		OFFICE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I hereby certify that the information contained herein is true and correct to the best of my knowledge. I further certify that the information included on this annual report was supplied to annual report service and appropriate annual fee 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. I am registered as required by Chapter 612, Florida Statutes, and that my name appears in Block 12 or Block 13 and changed, if applicable, Block 13.

SIGNATURE: *James E Thussen* James E Thussen, President 3/13/96 913-428-3241

CR2E034 (12/95)