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**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # F96000002285 (2)

**1. Corporation Name
BUSEY BANK**



Principal Place of Business: 201 W. MAIN ST. URBANA IL 61801
Mailing Address: 201 W. MAIN ST. URBANA IL 61801-2621

3. Date Incorporated or Qualified: 05/01/1996
3a. Date of Last Report: N/A

21 Principal Place of Business	2a. Mailing Address	4. FEI Number 37-0613731	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE:** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C <input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: SCHARLAU, EDWIN A II	1.2 NAME:
STREET ADDRESS: 201 W. MAIN ST.	1.3 STREET ADDRESS:	CITY - ST - ZIP: URBANA IL 61801	1.4 CITY - ST - ZIP:
TITLE: PCEO <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: KUHL, P. DAVID	2.2 NAME:
STREET ADDRESS: 201 W. MAIN ST.	2.3 STREET ADDRESS:	CITY - ST - ZIP: URBANA IL 61801	2.4 CITY - ST - ZIP:
TITLE: V <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: ABBOTT, SUSAN L	3.2 NAME:
STREET ADDRESS: 201 W. MAIN ST.	3.3 STREET ADDRESS:	CITY - ST - ZIP: URBANA IL 61801	3.4 CITY - ST - ZIP:
TITLE: V <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: O'NEILL, LEE H	4.2 NAME:
STREET ADDRESS: 201 W. MAIN ST.	4.3 STREET ADDRESS:	CITY - ST - ZIP: URBANA IL 61801	4.4 CITY - ST - ZIP:
TITLE: V <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: SCHLORFF, DONALD J	5.2 NAME:
STREET ADDRESS: 201 W. MAIN ST.	5.3 STREET ADDRESS:	CITY - ST - ZIP: URBANA IL 61801	5.4 CITY - ST - ZIP:
TITLE: V <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: MONTEITH, DON A	6.2 NAME:
STREET ADDRESS: 201 W. MAIN ST.	6.3 STREET ADDRESS:	CITY - ST - ZIP: URBANA IL 61801	6.4 CITY - ST - ZIP:

Handwritten signature and date: 05/5/97

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*****550.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **Date:** (21) 384-4500 **Daytime Phone #:** _____

CR2E034 (9/96)