

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90012 008 \*\*\*558.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F96000002285

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 201 W. Main St.

27 Suite, Apt. #, etc. Attn: Ed Paic

28 City & State

29 Zip

61901

30 Country

4. FEI Number

37-0613731

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year

Intangible Personal Property. Yes 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C  DELETE  
 NAME SCHARLAU, EDWIN A II  
 STREET ADDRESS 201 W. MAIN ST.  
 CITY-ST-ZIP URBANA IL 61801

TITLE PCEO  DELETE  
 NAME KUHL, P. DAVID  
 STREET ADDRESS 201 W. MAIN ST.  
 CITY-ST-ZIP URBANA IL 61801

TITLE V  DELETE  
 NAME ABBOTT, SUSAN L  
 STREET ADDRESS 201 W. MAIN ST.  
 CITY-ST-ZIP URBANA IL 61801

TITLE V  DELETE  
 NAME O'NEILL, LEE H  
 STREET ADDRESS 201 W. MAIN ST.  
 CITY-ST-ZIP URBANA IL 61801

TITLE V  DELETE  
 NAME SCHLORFF, DONALD J  
 STREET ADDRESS 201 W. MAIN ST.  
 CITY-ST-ZIP URBANA IL 61801

TITLE V  DELETE  
 NAME MONTEITH, DON A  
 STREET ADDRESS 201 W. MAIN ST.  
 CITY-ST-ZIP URBANA IL 61801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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:

*[Handwritten Signature]* E.V.P.

7/7/99

Date

Daytime Phone #

CR2E034 (5/99)