

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002285

1. Entity Name

BUSEY BANK

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90016 038 \*\*\*158.75

Principal Place of Business 201 W. MAIN ST. URBANA IL 61801	Mailing Address 201 W. MAIN ST. ATTN: ED PAINE URBANA IL 61801-2621
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>37-0613731</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>SCHARLAU, EDWIN A II</b>	
STREET ADDRESS	<b>201 W. MAIN ST.</b>	
CITY-ST-ZIP	<b>URBANA IL 61801</b>	
TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete
NAME	<b>KUHL, P. DAVID</b>	
STREET ADDRESS	<b>201 W. MAIN ST.</b>	
CITY-ST-ZIP	<b>URBANA IL 61801</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ABBOTT, SUSAN L</b>	
STREET ADDRESS	<b>201 W. MAIN ST.</b>	
CITY-ST-ZIP	<b>URBANA IL 61801</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>O'NEILL, LEE H</b>	
STREET ADDRESS	<b>201 W. MAIN ST.</b>	
CITY-ST-ZIP	<b>URBANA IL 61801</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SCHLORFF, DONALD J</b>	
STREET ADDRESS	<b>201 W. MAIN ST.</b>	
CITY-ST-ZIP	<b>URBANA IL 61801</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MONTEITH, DON A</b>	
STREET ADDRESS	<b>201 W. MAIN ST.</b>	
CITY-ST-ZIP	<b>URBANA IL 61801</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **E.V.P.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 1/9/99