2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002285

Entity Name: BUSEY BANK

FILED May 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	IIVERSITY AVE IGN, IL 61820				
Current Mailing Address:			New Mailing Address:		
201 W MA ATTN: CC URBANA,	NTROLLER				
FEI Number	: 37-0613731	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAY	ATION SERVIC S STREET SSEE, FL 3230				
	e named entity s e of Florida.	submits this statement for the p	urpose of changing i	its registered office or registered agent, or bot	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notic	e.	
	S AND DIREC	•	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	D () SCHARLAU, EE 201 W. MAIN S URBANA, IL 61	Г.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EV () ABBOTT, SUSA 201 W. MAIN S URBANA, IL 61	Г.	Title: Name: Address: City-St-Zip:	EVP (X) Change () Addition ABBOTT, SUSAN L 201 W. MAIN ST. URBANA, IL 61801	
Title: Name: Address: City-St-Zip:	PCEO () O'NEILL, LEE H 201 W. MAIN S URBANA, IL 61	Г.	Title: Name: Address: City-St-Zip:	PCEO (X) Change () Addition DUKEMAN, VAN 201 W. MAIN ST. URBANA, IL 61801	
Title: Name:	EV () SCHLORFF, DO 201 W. MAIN S		Title: Name: Address:	EVP (X) Change () Addition SCHLORFF, DONALD J 201 W. MAIN ST.	
Address: City-St-Zip:	URBANA, IL 61		City-St-Zip:	URBANA, IL 61801	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY DOUBET, DIRECTOR OF ACCOUNTING SERV. SVP 05/06/2009