

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 334982 (6)

1. Corporation Name
AMERICAN GENERAL FINANCE, INC.

Principal Place of Business 601 NW 2ND STREET EVANSVILLE IN 47708	Mailing Address 601 NW 2ND STREET EVANSVILLE IN 47708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1968	
21	22	26	27	4. FEI Number 35-1148969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEOP	<input type="checkbox"/> DELETE	1.1 TITLE	CEO P D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	CP12E034 (10/97)
NAME	GEISSINER, FREDERICK W		1.2 NAME				
STREET ADDRESS	601 N.W. 2ND ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	EVANSVILLE FL		1.4 CITY-ST-ZIP				
TITLE	SVD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SMITH, GARY M.		2.2 NAME	Mary R. Deig			
STREET ADDRESS	601 N.W. SECOND ST.		2.3 STREET ADDRESS	601 NW 2nd St.			
CITY-ST-ZIP	EVANSVILLE IN		2.4 CITY-ST-ZIP	Evansville IN 47708			
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SEELEY, DAVID C.		3.2 NAME	Bennie D. Hendrix			
STREET ADDRESS	601 N.W. SECOND ST.		3.3 STREET ADDRESS	601 N W 2nd St.			
CITY-ST-ZIP	EVANSVILLE IN		3.4 CITY-ST-ZIP	Evansville IN 47708			
TITLE	AS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARDISON, ROY L.		4.2 NAME				
STREET ADDRESS	601 N.W. SECOND ST.		4.3 STREET ADDRESS				
CITY-ST-ZIP	EVANSVILLE IN		4.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HANLEY, PHILIP M.		5.2 NAME				
STREET ADDRESS	601 N.W. 2ND ST.		5.3 STREET ADDRESS				
CITY-ST-ZIP	EVANSVILLE IN		5.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEDBETTER, JEFFREY L.		6.2 NAME				
STREET ADDRESS	601 N.W. SECOND ST.		6.3 STREET ADDRESS				
CITY-ST-ZIP	EVANSVILLE IN		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: Mary R. Deig Mary R. Deig 1/21/98 812-468-5568