

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 334982

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: AMERICAN GENERAL FINANCE, INC.

## Current Principal Place of Business:

601 NW 2ND STREET  
EVANSVILLE, IN 47708

## New Principal Place of Business:

## Current Mailing Address:

601 NW 2ND STREET  
EVANSVILLE, IN 47708

## New Mailing Address:

FEI Number: 35-1148969      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BORCHERS, BRAD  
Address: 601 N.W. 2ND ST.  
City-St-Zip: EVANSVILLE, IN 47708

Title: ATO ( ) Delete  
Name: BLYTHE, TIMOTHY W  
Address: 601 NW SECOND ST  
City-St-Zip: EVANSVILLE, IN 47708

Title: SVP ( ) Delete  
Name: COLE, ROBERT A  
Address: 601 N.W. SECOND ST.  
City-St-Zip: EVANSVILLE, IN 47708

Title: SVSG ( ) Delete  
Name: GRABER, THOMAS D  
Address: 601 NORTHWEST SECOND STREET  
City-St-Zip: EVANSVILLE, IN 47708

Title: TVP ( ) Delete  
Name: BINYON, BRYAN A  
Address: 601 N.W. 2ND ST.  
City-St-Zip: EVANSVILLE, IN 47708

Title: DSVC ( ) Delete  
Name: BREIVOGEL, DONALD R JR  
Address: 601 N.W. SECOND ST.  
City-St-Zip: EVANSVILLE, IN 47708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TAYLOR, GARY L  
Address: 601 N.W. 2ND ST.  
City-St-Zip: EVANSVILLE, IN 47708

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TIMOTHY W. BLYTHE

ATO

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date