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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 825457

1. Corporation Name

23

24

## AMERICAN GENERAL FINANCE MANAGEMENT CORPORATION

9. Name and Address of Current Registered Agent

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Principal Place of Business	Mailing Address				
601 N.W. SECOND ST. EVANSVILLE IN 47708	601 N.W. SECOND ST. EVANSVILLE IN 47708				
Principal Place of Business	2a. Mailing Address	<b></b>			
21	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

 City & State
 City & State

 28
 Zip
 Country

 25
 29
 30

4. FEI Number
35-1070329

5. Certificate of Status Desired

6. Election Campaign Financin
Trust Fund Contribution

6. Election Campaign Financing
Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

 Date Incorporated or Qualified 12/08/1970

\$5.00 May Be

Added to Fees

FILED Feb 23, 1999 8:00 am

Secretary of State

02-23-1999 90057 008 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

 $\Box$ 

ingible □Yes

□No

Applied For

\$8.75 Additional

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	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.

agent. Fai	in laminar with, and accept the congeniers	.,			•		
SIGNATURE	Signature, typed or printed name of registered agent and t	tle if applicable (NOTE: R	egistered Agent signature r	required when reinstating)	DATE		
12.	OFFICERS AND DI		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PDCE	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	GEISSINGER, FREDERICK W		12 NAME				
STREET ADDRESS	601 NW 2ND STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	EVANSVILLE IN		1.4 CITY-ST-ZIP				
TITLE	S	☐ DELETE	2.1 TITLE	45	Change	☐ Addition	
NAME	DEIG, MARY R		2.2 NAME	10			
STREET ADDRESS	601 NW 2ND ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	EVANSVILLE IN 47708		2. 4 CITY-ST-ZIP				
TITLE	VD	☐ DELETE	3.1 TITLE		Change	Addition 1	
NAME	HANLEY, PHILIP M.		3.2 NAME				
STREET ADDRESS	601 NW 2ND ST		3.3 STREET ADDRESS				
CITY-ST-ZIP	EVANSVILLE IN		3.4. CITY-ST-ZIP				
TITLE	AS	☐ DELETE	4.1 TITLE		Change	☐ Addition	
NAME	HARDISON, ROY L		4. 2 NAME				
\$TREET ADDRESS	601 NW 2ND ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	EVANSIVLLE IN		4.4 CITY-ST-ZIP				
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME	HENDRIX, BENNIE D		5.2 NAME		<b>%</b>		
STREET ADDRESS	601 NW 2ND ST		5.3 STREET ADDRESS				
CITY-ST-ZIP	EVANSVILLE IN 47708		5.4 CITY-ST-ZIP				
TITLE	AS	☐ DELETE	6.1 TITLE	Ron Di Giacomo 401NW2ndSt.	Change	Addition	
NAME	Ledbetter, Jeffrey L.		6.2 NAME	RON DI GIACOMO			
STREET ADDRESS	601 NW SECOND ST.		6.3 STREET ADDRESS				
	EVANOVILLE IN		64 CITY- ST- ZIP	Blone will Taldano			

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 1 99 812 48 · 559
Davium Phone #

3R2E034 (11/98)