

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **835930** (9)

1. Corporation Name

AGF INVESTMENT CORP.



Principal Place of Business

P.O. BOX 59
EVANSVILLE IN 47701-0059

Mailing Address

P.O. BOX 59
EVANSVILLE IN 47701-0059

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0602 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 607.0606, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Agent for Service of Process

Signature of President, Vice President, or Secretary of Corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	WATSON, STEPHEN R	
STREET ADDRESS	601 NW SECOND ST	
CITY, ST, ZIP	EVANSVILLE IN 47708	
TITLE	PT	☐ DELETE
NAME	ALTHOF, RONALD G.	
STREET ADDRESS	601 N.W. 2ND ST.	
CITY, ST, ZIP	EVANSVILLE IN 47708	
TITLE	VCFO	☐ DELETE
NAME	HANLEY, PHILIP M	
STREET ADDRESS	601 NW SECOND ST	
CITY, ST, ZIP	EVANSVILLE IN 47708	
TITLE	D	☐ DELETE
NAME	WATSON, STEPHEN R	
STREET ADDRESS	601 N.W. 2ND ST.	
CITY, ST, ZIP	EVANSVILLE IN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ronald G. Althof
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ronald G. Althof, President & Treasurer

2/12/96

812-468-5609

CR2E034 (12/95)