

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 851974 (6)**  
1. Corporation Name  
**AMERICAN GENERAL FINANCE COMMERCIAL CORP.**



Principal Place of Business: **601 N.W. SECOND STREET EVANSVILLE IN 47708**  
Mailing Address: **601 N.W. SECOND STREET EVANSVILLE IN 47708-1013**

3. Date Incorporated or Qualified: **02/25/1982**      3a. Date of Last Report: **02/27/1996**  
4. FEI Number: **35-1106431**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State: **28** Zip: **29** Country: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	GEISSINGER, FREDERICK W	
STREET ADDRESS	601 NW 2ND ST	
CITY - ST - ZIP	EVANSVILLE IN	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	SMITH GARY M.	
STREET ADDRESS	601 N.W. SECOND STREET	
CITY - ST - ZIP	EVANSVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANLEY, PHILIP M	
STREET ADDRESS	601 N.W. SECOND STREET	
CITY - ST - ZIP	EVANSVILLE IN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BINYON, BRYAN A.	
STREET ADDRESS	601 NW 2ND ST	
CITY - ST - ZIP	EVANSVILLE IN	
TITLE	WV	<input type="checkbox"/> DELETE
NAME	BROWN, RAYMOND S	
STREET ADDRESS	601 N.W. SECOND STREET	
CITY - ST - ZIP	EVANSVILLE IN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEDBETTER, JEFFREY L	
STREET ADDRESS	601 N.W. SECOND ST	
CITY - ST - ZIP	EVANSVILLE IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 a written instrument with an address.

SIGNATURE: **GARY M. SMITH** 4/17/97 (812) 468-5661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)