
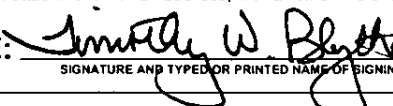


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90214 049 \*\*\*150.00

<b>DOCUMENT # 851974</b> 1. Entity Name <b>AMERICAN GENERAL FINANCE COMMERCIAL CORP.</b>					
Principal Place of Business <b>601 N.W. SECOND STREET EVANSVILLE, IN 47708</b>			Mailing Address <b>601 N.W. SECOND STREET EVANSVILLE, IN 47708</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLELLAN, MICHAEL		NAME		
STREET ADDRESS	601 NW SECOND STREET		STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
TITLE	DSVS <input checked="" type="checkbox"/> Delete		TITLE	VP, Sec., General Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAYES, TIMOTHY M		NAME	Thomas D. Graber & Dir.	
STREET ADDRESS	601 NW 6ND ST		STREET ADDRESS	601 NW Second St., Evansville, IN 47708	
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
TITLE	DSVC <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIEVOGEL, DONALD R JR		NAME	Breivogel, Donald R. Jr.	
STREET ADDRESS	601 NW 2ND ST		STREET ADDRESS	misspelled	
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
TITLE	SV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERT A COLE		NAME		
STREET ADDRESS	601 N.W. SECOND STREET		STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
TITLE	AS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERKILLA, JACK		NAME		
STREET ADDRESS	601 NW 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
TITLE	AT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLYTHE, TIMOTHY W		NAME		
STREET ADDRESS	601 NW SECOND W		STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			Timothy W. Blythe 4/21/06 812-468-5705		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40067810



04192006 Chg-P CR2E034 (11/05)

4. FEI Number **35-1106431** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

# ATTACHMENT

**Directors / Officers Report**

40067816

As of 10/2/2005

**American General Finance Commercial Corp.**

#851974

## Directors

<b>Donald R. Breivogel Jr.</b>	<b>Director</b>
<b>Thomas D. Graber</b>	<b>Director</b>
<b>Michael L. McClellan</b>	<b>Director</b>

## Officers

<b>Michael L. McClellan</b>	<b>President</b>
<b>Donald R. Breivogel Jr.</b>	<b>Chief Financial Officer</b>
<b>Jerry L. Gilpin</b>	<b>Chief Information Officer</b>
<b>Jerry L. Gilpin</b>	<b>Executive Vice President</b>
<b>Stephen H. Loewenkamp</b>	<b>Executive Vice President</b>
<b>Donald R. Breivogel Jr.</b>	<b>Senior Vice President</b>
<b>Robert A. Cole</b>	<b>Senior Vice President, Marketing and Insurance Operations</b>
<b>Bryan A. Binyon</b>	<b>Vice President</b>
<b>Thomas D. Graber</b>	<b>Vice President</b>
<b>George W. Schmidt</b>	<b>Vice President</b>
<b>Thomas J. Crance</b>	<b>Assistant Vice President</b>
<b>Thomas D. Graber</b>	<b>General Counsel</b>
<b>Thomas D. Graber</b>	<b>Secretary</b>
<b>Karen K. Barton</b>	<b>Assistant Secretary</b>
<b>Jack R. Erkilli</b>	<b>Assistant Secretary</b>
<b>Brett L. Foster</b>	<b>Assistant Secretary</b>

ATTACHMENT

40067816

**Directors / Officers Report**

As of 10/2/2005

**American General Finance Commercial Corp.**

# 851974

**Harry George**

**Assistant Secretary**

**Stephen H. Loewenkamp**

**Assistant Secretary**

**James K. McMurray**

**Assistant Secretary**

**Linda C. Meredith**

**Assistant Secretary**

**George W. Schmidt**

**Assistant Secretary**

**Leonard J. Winiger**

**Assistant Secretary**

**Bryan A. Binyon**

**Treasurer**

**David M. McManigal**

**Assistant Treasurer**

**George W. Schmidt**

**Controller**

**Leonard J. Winiger**

**Assistant Controller**

**Timothy W. Blythe**

**Associate Tax Officer**