

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90284 018 ***150.00



DOCUMENT # 851974	
1. Entity 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



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04022007	Chg-P	CR2E034 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 35-1106431	Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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	VSGC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRABER, THOMAS D			NAME			
STREET ADDRESS	601 NW SECOND ST			STREET ADDRESS			
CITY-ST-ZIP	EVANSVILLE, IN 47708			CITY-ST-ZIP			
TITLE	DSVC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREIVOGEL, DONALD R JR			NAME			
STREET ADDRESS	901 NW 2ND ST			STREET ADDRESS			
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.

SIGNATURE: Timothy W. Blythe 4/18/07 812-424-8031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Associate Tax Officer