

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

0666137 AB

DOCUMENT # 851974

1. Entity Name
AMERICAN GENERAL FINANCE COMMERCIAL CORP.



04-25-2003 90193 006 ***150.00

Principal Place of Business
**601 N.W. SECOND STREET
EVANSVILLE IN 47708**

Mailing Address
**601 N.W. SECOND STREET
EVANSVILLE IN 47708**

11015245



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **35-1106431**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PDC** Delete
NAME: **GEISSINGER, FREDERICK W**
STREET ADDRESS: **601 NW 2ND ST**
CITY-ST-ZIP: **EVANSVILLE IN**

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **DSVS** Delete
NAME: **HAYES, TIMOTHY M**
STREET ADDRESS: **601 NW 6ND ST**
CITY-ST-ZIP: **EVANSVILLE IN 47708**

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **DSVC** Delete
NAME: **BRIEVOGEL, DONALD R. JR.**
STREET ADDRESS: **601 NW 2ND ST**
CITY-ST-ZIP: **EVANSVILLE IN 47708**

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **SV** Delete
NAME: **ROBERT A COLE**
STREET ADDRESS: **601 N.W. SECOND STREET**
CITY-ST-ZIP: **EVANSVILLE IN 47708**

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **AS** Delete
NAME: **ERKILLA, JACK**
STREET ADDRESS: **601 NW 2ND ST**
CITY-ST-ZIP: **EVANSVILLE IN 47708**

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: **Associate Tax Officer** Change Addition
NAME: **Blythe, Timothy W.**
STREET ADDRESS: **601 N.W. Second St.**
CITY-ST-ZIP: **Evansville, IN 47708**

12. 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 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* **TIMOTHY W. BLYTHE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

812-468-5705
Daytime Phone #

CR2E034 (10/02)