

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

**FILED**

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

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000003044 (4)**  
 1. Corporation Name  
**AMERICAN GENERAL FINANCE OF DELAWARE, INC.**



Principal Place of Business <b>601 N.W. SECOND ST. EVANSVILLE IN 47708</b>	Mailing Address <b>601 N.W. SECOND ST. EVANSVILLE IN 47708-1013</b>
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3. Date Incorporated or Qualified <b>08/10/1994</b>	3a. Date of Last Report <b>02/27/1996</b>
4. FEI Number <b>23-2425397</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	22a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	<b>FL</b>	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEOP GEISSNER, FREDERICK W 601 N.W. 2ND ST. EVANSVILLE IN</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>D CEO P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD HANLEY, PHILLIP M 601 N.W. 2ND ST. EVANSVILLE IN 47708</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>VP POELKER, JOHN S. 601 NW SECOND ST. EVANSVILLE, IN 47708</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD SMITH, GARY M 601 N.W. 2ND ST. EVANSVILLE IN 47708</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V HENDRIX, BENNIE D 601 N.W. 2ND ST. EVANSVILLE IN 47708</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T BINYON, BRYAN A 601 N.W. 2ND ST. EVANSVILLE IN 47708</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VAS BOGIE, LARRY A 2502 N. ROCKY POINT DR. TAMPA FL 33607</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an attachment with an address.

**SIGNATURE:**  **REQUIRE** **GARY M. Smith 4/23/97 (812) 468-5661**

CR2E034 (9/96)