

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90057 006 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000003044**

1. Corporation Name  
**AMERICAN GENERAL FINANCE OF DELAWARE, INC.**



Principal Place of Business: 601 N.W. SECOND ST. EVANSVILLE IN 47708  
 Mailing Address: 601 N.W. SECOND ST. EVANSVILLE IN 47708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1994**

4. FEI Number: **23-2425397** 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 owes the current year Intangible Personal Property Tax:  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

**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCEP	<input type="checkbox"/> DELETE
NAME	GEISSINER, FREDERICK W	
STREET ADDRESS	601 N.W. 2ND ST.	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JERRY L GILPIN	
STREET ADDRESS	601 NW SECOND ST	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MARY R DEIG	
STREET ADDRESS	601 N.W. 2ND ST.	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HENDRIX, BENNIE D	
STREET ADDRESS	601 N.W. 2ND ST.	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BINYON, BRYAN A	
STREET ADDRESS	601 N.W. 2ND ST.	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	BOGIE, LARRY A	
STREET ADDRESS	2502 N. ROCKY POINT DR.	
CITY-ST-ZIP	TAMPA FL 33607	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Geissinger, Frederick W.
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RON DiGiacomo
3.3 STREET ADDRESS	601 NW 2nd St.
3.4 CITY-ST-ZIP	EVANSVILLE IN 47708
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 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

(812) 468-5597

Date

Daytime Phone #

CR2E034 (11/98)