

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90478 038 ***150.00

DOCUMENT # F94000003044
 1. Entity Name
 AMERICAN GENERAL FINANCIAL SERVICES (DE), 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

Barcode
 04202004 No Chg-P CR2E034 (10/03)
 4. FEI Number: 23-2425397 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME	DCEP GEISSINGER, FREDERICK W
STREET ADDRESS	601 N.W. 2ND ST.
CITY-ST-ZIP	EVANSVILLE, IN
TITLE NAME	V JERRY L GILPIN
STREET ADDRESS	601 NW SECOND ST
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE NAME	DSVG HAYES, TIMOTHY M
STREET ADDRESS	601 N.W. 2ND ST.
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE NAME	SV COLE, ROBERT A
STREET ADDRESS	601 N.W. 2ND ST.
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE NAME	DCFO BRIEVOGEL, DONALD R JR
STREET ADDRESS	601 N.W. 2ND ST.
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE NAME	ATO BLYTHE, TIMOTHY W
STREET ADDRESS	601 NW SECOND ST
CITY-ST-ZIP	EVANSVILLE, IN 47708

DO NOT WRITE IN THIS SPACE

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 4/23/04 812-468-5705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Associate Tax Officer