


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90284 013 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-2425397	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	
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 L		NAME		
STREET ADDRESS	601 N.W. 2ND ST.		STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JERRY L GILPIN		NAME		
STREET ADDRESS	601 NW SECOND ST		STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
TITLE	VSGD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRABER, THOMAS D		NAME		
STREET ADDRESS	601 NORTHWEST SECOND STREET		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	COLE, ROBERT A		NAME		
STREET ADDRESS	601 N.W. 2ND ST.		STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
TITLE	DFOS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRIEVOGEL, DONALD R JR		NAME		
STREET ADDRESS	601 N.W. 2ND ST.		STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
TITLE	ATO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLYTHE, TIMOTHY W		NAME		
STREET ADDRESS	601 NW SECOND ST		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: <i>Timothy W. Blythe</i>			Date: 4/18/07		Daytime Phone #: 812-424-8031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #