


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90020 046 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000004050**  
 1. Corporation Name  
**AMERICAN GENERAL FINANCE OF INDIANA, INC.**



Principal Place of Business 601 N.W. SECOND STREET EVANSVILLE IN 47708	Mailing Address 601 N.W. SECOND STREET EVANSVILLE IN 47708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	23 City & State	28 City & State	24 Zip	25 Country	29 Zip	30 Country
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3. Date Incorporated or Qualified <b>08/22/1995</b>	
4. FEI Number <b>35-6035235</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 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	85 Zip Code

**FL**

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

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	GEISSINGER, FREDERICK W.	
STREET ADDRESS	601 NW 2ND STREET	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HENDRIX, BENNIE D	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DEIG, MARY R	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HANLEY, PHILIP M	
STREET ADDRESS	601 N.W. SECOND STREET	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BINYON, BRYAN A	
STREET ADDRESS	601 N.W. SECOND STREET	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEDBETTER, JEFFREY L	
STREET ADDRESS	601 NW 2ND STREET	
CITY-ST-ZIP	EVANSVILLE IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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	Secretary <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	D.V. CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert A. Cole
4.3 STREET ADDRESS	601 NW 2nd St.
4.4 CITY-ST-ZIP	Evansville, IN 47708
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.

SIGNATURE:  **RON DIGIACOMO** 7/2/99 812 468-5661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)