


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90478 036 ***150.00

DOCUMENT # F95000004050 1. Entity Name AMERICAN GENERAL FINANCIAL SERVICES, INC.	
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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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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-6035235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD GEISSINGER, FREDERICK W. 601 NW 2ND STREET EVANSVILLE, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENDRIX, BENNIE D 601 NW 2ND WT EVANSVILLE, IN 47708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVSG HAYES, TIMOTHY M 601 NW 2ND ST EVANSVILLE, IN 47708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV COLE, ROBERT A 601 N.W. SECOND STREET EVANSVILLE, IN 47708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCF BREIVOGEL, DONALD R JR 601 NW 2ND ST EVANSVILLE, IN 47708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATO BLYTHE, TIMOTHY W 601 N.W. SECOND ST. EVANSVILLE, IN 47708

DO NOT WRITE IN THIS SPACE

12. 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: <i>Timothy W. Blythe</i>	Timothy W. Blythe	4/23/04	812-468-5705
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>	

Associate Tax Officer