


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90312 006 ***150.00

DOCUMENT # F97000000757

1. Entity Name
VALIC FINANCIAL ADVISORS, INC.



Principal Place of Business Mailing Address
2929 ALLEN PARKWAY **2929 ALLEN PARKWAY**
HOUSTON, TX 77019 **HOUSTON, TX 77019**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04272004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
76-0519992 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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CONDON, ROBERT P	
STREET ADDRESS	2929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAVANNAUGH, MARY L	
STREET ADDRESS	2929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NORWOOD, THOMAS C	
STREET ADDRESS	2929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRICKS, DANIEL R	
STREET ADDRESS	2929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	DEN BOER, DAVID H	
STREET ADDRESS	2929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAFF, JOHN A.	
STREET ADDRESS	2929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *David H Den Boer* **04/27/2004** **713-831-4356**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #