



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90138 017 ***150.00

DOCUMENT # F97000001354					
1. Entity Name VALIC RETIREMENT SERVICES COMPANY					
Principal Place of Business 2929 ALLEN PKWY. HOUSTON, TX 77019			Mailing Address 2929 ALLEN PKWY. 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	4. FEI Number 76-0519990	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	EVPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAVANAUGH, MARY L		NAME		
STREET ADDRESS	2929 ALLEN PKWY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	EVPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMSON, KATHLEEN M		NAME		
STREET ADDRESS	2929 ALLEN PKWY.		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	SVPA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AKERS, MICHAEL J		NAME		
STREET ADDRESS	2929 ALLEN PKWY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAFF, JOHN A		NAME		
STREET ADDRESS	2929 ALLEN PKWY.		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROCK, TARA S		NAME		
STREET ADDRESS	2929 ALLEN PKWY.		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP		
TITLE	ATOF	<input type="checkbox"/> Delete	TITLE	TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRICKS, DANIEL R		NAME		
STREET ADDRESS	2929 ALLEN PKWY.		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77019		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 my address with all other like empowered.					
SIGNATURE: 		DANIEL R. CRICKS/TAX OFFICER		04/28/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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04282005 Chg-P CR2E034 (10/03)