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2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

2008 JUN 23 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06192008 Chg-P CR2E034 (12/06)

DOCUMENT # P05457						1. Entity Name GENWORTH FINANCIAL AGENCY, INC.	
Principal Place of Business 6610 WEST BROAD STREET RICHMOND, VA 23230		Mailing Address ATTN: VIDAL J. TORRES 6620 W. BROAD STREET, BLDG. 2 RICHMOND, VA 23230					
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 54-1304309		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	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				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
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>							
Amended AR is \$61.25			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 NAME STREET ADDRESS CITY-ST-ZIP	PRES SLOANE, DAVID J 668 3RD AVENUE, 9TH FLOOR NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director Thomas M. Spinson 6620 West Broad Street, Bldg 4 Richmond, VA 23230	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIGNEAU, DENNIS R 6620 WEST BROAD STREET, BLDG. 2 RICHMOND, VA 23230	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP and Director Eugene Koster 700 Main Street Lynchburg, VA 24504	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DUFFY, THOMAS E 6620 WEST BROAD STREET, BLDG. 2 RICHMOND, VA 23230	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES PRIZZIA, GARY T 6620 WEST BROAD STREET, BLDG. 1 RICHMOND, VA 23230	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000131586880	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HALEY, PAUL A 6620 WEST BROAD STREET, BLDG. 2 RICHMOND, VA 23230	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR STIFF, GEOFFREY S 6620 WEST BROAD STREET, BLDG. 2 RICHMOND, VA 23230	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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>Thomas E. Duffy</i>				Date: 6/19/08		Daytime Phone #: 804.489.7586	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032
 REFERENCE : 620646 7189970
 AUTHORIZATION : *[Signature]*
 COST LIMIT : \$ 61.25

ORDER DATE : June 23, 2008
 ORDER TIME : 10:10 AM
 ORDER NO. : 620646-005
 CUSTOMER NO: 7189970

ANNUAL REPORT FILING

NAME: GENWORTH FINANCIAL AGENCY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace-EXT#2928

EXAMINER'S INITIALS: _____