

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P11093 (2)

1. Corporation Name
AMERICAN GENERAL FINANCE OF AMERICA, INC.



Principal Place of Business LEGAL DEPT 601 NW 2ND ST EVANSVILLE IN 47708	Mailing Address LEGAL DEPT 601 NW 2ND ST EVANSVILLE IN 47708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified 08/12/1986	
4. FEI Number 23-2416228	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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

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	AS	<input type="checkbox"/> DELETE
NAME	LEDBETTER, JEFFREY L.	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	GEISSINGER, FREDERICK W	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BINYON, BRYAN A.	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE
NAME	POELKER, JOHN S	
STREET ADDRESS	601 NW SECOND STREET	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GARY M	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SEELEY, DAVID C	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE FL	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bennied.Hendrik
4.3 STREET ADDRESS	601 NW 2nd St
4.4 CITY-ST-ZIP	EVANSVILLE IN 47708
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AS Mary R. Deig
5.3 STREET ADDRESS	601 NW 2nd St.
5.4 CITY-ST-ZIP	EVANSVILLE IN 47708
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Larry R. Klaholz
6.3 STREET ADDRESS	601 NW 2nd St.
6.4 CITY-ST-ZIP	EVANSVILLE IN 47708

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: *Mary R. Deig* **Mary R. Deig 1/21/98 812-418-5518**

CR2E034 (10/97)