

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90017 026 \*\*\*150.00

**DOCUMENT # P11093**

1. Entity Name

**AMERICAN GENERAL FINANCE OF AMERICA, INC.**

Principal Place of Business

Mailing Address

LEGAL DEPT  
 601 NW 2ND ST  
 EVANSVILLE IN 47708

LEGAL DEPT  
 601 NW 2ND ST  
 EVANSVILLE IN 47708-1013

628325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-2416228**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input type="checkbox"/> Delete
NAME	LEDBETTER, JEFFREY L.	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	GEISSINGER, FREDERICK W	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	BINYON, BRYAN A.	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENDRIX, BENNIE D	
STREET ADDRESS	601 N W 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN 47700	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	DEIG, MARY R	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KLANHOLV, LARRY R	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN 47708	

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	VT	<input checked="" 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	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron DiGiacomo	
STREET ADDRESS	601 NW 2nd St	
CITY-ST-ZIP	Evansville, IN 47708	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert A. Cole	
STREET ADDRESS	601 NW 2nd St	
CITY-ST-ZIP	Evansville, IN 47708	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**RON DiGiacomo**

**3.6.00**  
 Date

**812.468.5661**  
 Daytime Phone #

CR2E034 (9/99)