
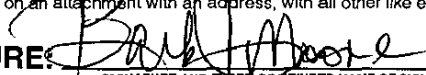


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90179 012 \*\*\*150.00

DOCUMENT # P33219					
1. Entity Name AMERICAN GENERAL SECURITIES INCORPORATED					
Principal Place of Business 2727-A ALLEN PARKWAY HOUSTON, TX 77019 US			Mailing Address P.O. BOX 4868 HOUSTON, TX 77210 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 76-0050868	
Applied For 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	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR/CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLEWS, LARRY		NAME	MILLER, RICHARD	
STREET ADDRESS	2727-A ALLEN PARKWAY		STREET ADDRESS	2727-A ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	DIRECTOR/PRESIDENT/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALBAUGH, JOHN A		NAME		
STREET ADDRESS	2727 ALLEN PARKWAY, #290		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IMHOFF, ROYCE G II		NAME	MARTIN JR., RODNEY O.	
STREET ADDRESS	2727-A ALLEN PARKWAY		STREET ADDRESS	2727-A ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	AVP	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGEL, DEBORAH		NAME	TUCK, ELIZABETH M.	
STREET ADDRESS	2727-A ALLEN PARKWAY		STREET ADDRESS	2727-A ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON, TX 77019		CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	VPTC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, LUCILLE S		NAME		
STREET ADDRESS	2727 ALLEN PKWY, #290		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES B		NAME		
STREET ADDRESS	2727-A ALLEN PARKWAY		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 an address, with all other like empowered.					
SIGNATURE: 		BARB J. MOORE		4-16-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 713-831-3535	