

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90478 037 \*\*\*150.00

**DOCUMENT # 825457**

1. Entity Name

**AMERICAN GENERAL FINANCE MANAGEMENT  
CORPORATION**



Principal Place of Business

**601 N.W. SECOND ST.  
EVANSVILLE, IN 47708**

Mailing Address

**601 N.W. SECOND ST.  
EVANSVILLE, IN 47708**



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
<b>35-1070329</b>	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PDCE
NAME	GEISSINGER, FREDERICK W
STREET ADDRESS	601 NW 2ND STREET
CITY-ST-ZIP	EVANSVILLE, IN
TITLE	DSVC
NAME	BREIVOGEL, DONALD R JR
STREET ADDRESS	601 NW 2ND ST
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE	T
NAME	BINYON, BRYAN A
STREET ADDRESS	601 NW 2ND ST
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE	DSVS
NAME	HAYES, TIMOTHY M
STREET ADDRESS	601 NW 2ND ST
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE	ATO
NAME	BLYTHE, TIMOTHY W
STREET ADDRESS	601 N.W. SECOND ST.
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE	SV
NAME	COLE, ROBERT A
STREET ADDRESS	601 NW 2ND ST
CITY-ST-ZIP	EVANSVILLE, IN 47708

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

*Timothy W. Blythe*

Timothy W. Blythe

4/23/04

812-468-5705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Associate Tax Officer