

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90202 034 \*\*\*150.00

**DOCUMENT # 835930**

1. Entity Name  
AGF INVESTMENT CORP.



Principal Place of Business  
P.O. BOX 59  
EVANSVILLE, IN 47701-0059

Mailing Address  
601 N.W. SECOND ST.  
EVANSVILLE, IN 47708

**DO NOT WRITE IN THIS SPACE**



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
35-1349557

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
MCMANIGAL, DAVID M  
601 NW SECOND ST  
EVANSVILLE, IN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVCF  
BREIVOGEL, DONALD R JR.  
601 NW 2ND ST.  
EVANSVILLE, IN 47708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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:**

David M. McManigal

4/18/05

812-468-5705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

14005167 # 835930

**Directors / Officers Report**

As of 2/7/2005

**AGF Investment Corp.**

**Directors**

**David M. McManigal**

**Director**

**Officers**

**David M. McManigal**

**President**

**Donald R. Breivogel Jr.**

**Chief Financial Officer**

**Donald R. Breivogel Jr.**

**Senior Vice President**

**David M. McManigal**

**Secretary**

**David M. McManigal**

**Treasurer**

**David M. McManigal**

**Compliance Officer**

**Other**

**David M. McManigal**

**OSJ Compliance Officer**