

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-26-2004 90478 034 ***150.00

DOCUMENT # F93000005911

1. Entity Name
**AMERICAN GENERAL FINANCIAL SERVICES OF
LOUISIANA, INC.**



Principal Place of Business

**601 NW SECOND ST.
EVANSVILLE, IN 47708**

Mailing Address

**601 NW SECOND ST.
EVANSVILLE, IN 47708**

94065926



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-0536086

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**

**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 V
NAME JERRY L GILPIN
STREET ADDRESS 601 NW 2ND ST
CITY-ST-ZIP EVANSVILLE, IN 47708

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

TITLE V
NAME HENDRIX, BENNIE D
STREET ADDRESS 601 NW SECOND ST.
CITY-ST-ZIP EVANSVILLE, IN

TITLE SVGC
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 STREET
CITY-ST-ZIP EVANSVILLE, IN 477083

**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)(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: *Timothy W. Blythe* Timothy W. Blythe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

Date

812-468-5705

Daytime Phone #

Associate Tax Officer