

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90284 013 ***150.00

DOCUMENT # F94000003044

1. Entity Name
AMERICAN GENERAL FINANCIAL SERVICES (DE), INC.



Principal Place of Business
**601 N.W. SECOND ST.
EVANSVILLE, IN 47708**

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

23-2425397

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

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

7. Name and Address of New Registered Agent

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCLELLAN, MICHAEL L	
STREET ADDRESS	601 N.W. 2ND ST.	
CITY-ST-ZIP	EVANSVILLE, IN 47708	
TITLE	V	<input type="checkbox"/> Delete
NAME	JERRY L GILPIN	
STREET ADDRESS	601 NW SECOND ST	
CITY-ST-ZIP	EVANSVILLE, IN 47708	
TITLE	VSGD	<input type="checkbox"/> Delete
NAME	GRABER, THOMAS D	
STREET ADDRESS	601 NORTHWEST SECOND STREET	
CITY-ST-ZIP	EVANSVILLE, IN 47708	
TITLE	SV	<input type="checkbox"/> Delete
NAME	COLE, ROBERT A	
STREET ADDRESS	601 N.W. 2ND ST.	
CITY-ST-ZIP	EVANSVILLE, IN 47708	
TITLE	DFOS	<input type="checkbox"/> Delete
NAME	BRIEVOGEL, DONALD R JR	
STREET ADDRESS	601 N.W. 2ND ST.	
CITY-ST-ZIP	EVANSVILLE, IN 47708	
TITLE	ATO	<input type="checkbox"/> Delete
NAME	BLYTHE, TIMOTHY W	
STREET ADDRESS	601 NW SECOND ST	
CITY-ST-ZIP	EVANSVILLE, IN 47708	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Associate Tax Officer

4/18/07

812-424-8031