

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-26-2004 91022 049 ***150.00

DOCUMENT # P11093

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



Principal Place of Business

**LEGAL DEPT
601 NW 2ND ST
EVANSVILLE, IN 47708**

Mailing Address

**LEGAL DEPT
601 NW 2ND ST
EVANSVILLE, IN 47708**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2416228

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	VAS
NAME	KIRCHNER, LEE G
STREET ADDRESS	601 NW 2ND ST
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE	CEOD
NAME	GEISSINGER, FREDERICK W
STREET ADDRESS	601 NW 2ND ST
CITY-ST-ZIP	EVANSVILLE, IN
TITLE	DCFO
NAME	BREIVOGEL, DONALD R JR
STREET ADDRESS	601 NW 2ND ST
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE	V
NAME	HENDRIX, BENNIE D
STREET ADDRESS	601 N W 2ND ST
CITY-ST-ZIP	EVANSVILLE, IN 47700
TITLE	DSVG
NAME	HAYES, TIMOTHY M
STREET ADDRESS	601 NW 2ND ST
CITY-ST-ZIP	EVANSVILLE, IN 47708
TITLE	TO
NAME	BLYTHE, TIMOTHY W
STREET ADDRESS	601 NW SECOND 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)(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

4/23/04

812-468-5705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Associate Tax Officer