

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90193 005 ***150.00

0686144 AB

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2416228**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VAS	<input type="checkbox"/> Delete
NAME	KIRCHNER, LEE G	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	GEISSINGER, FREDERICK W	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	DCFO	<input type="checkbox"/> Delete
NAME	BREIVOGEL, DONALD R JR	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENDRIX, BENNIE D	
STREET ADDRESS	601 N W 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN 47700	
TITLE	DSVG	<input type="checkbox"/> Delete
NAME	HAYES, TIMOTHY M	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	COLE, ROBERT A	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN 47708	

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	Associate Tax Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blythe, Timothy W.	
STREET ADDRESS	601 N.W. Second St.	
CITY-ST-ZIP	Evansville, IN 47708	

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
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

812-468-5705

Date

Daytime Phone #

CR2E034 (10/02)