

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P33219**

1. Entity Name  
**AMERICAN GENERAL SECURITIES INCORPORATED**



Principal Place of Business  
**2727-A ALLEN PARKWAY  
HOUSTON, TX 77019 US**

Mailing Address  
**P.O. BOX 4868  
HOUSTON, TX 77210 US**



04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0050868**

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**

**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, 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	DC
NAME	MILLER, RICHARD
STREET ADDRESS	2727-A ALLEN PKWY.
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	DPCE
NAME	KALBAUGH, JOHN A
STREET ADDRESS	2727 ALLEN PARKWAY, #290
CITY-ST-ZIP	HOUSTON, TX
TITLE	D
NAME	MARTIN, RODNEY O JR.
STREET ADDRESS	2727-A ALLEN PKWY.
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	S
NAME	TUCK, ELIZABETH M
STREET ADDRESS	2727-A ALLEN PKWY.
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	VPTC
NAME	MARTINEZ, LUCILLE S
STREET ADDRESS	2727 ALLEN PKWY, #290
CITY-ST-ZIP	HOUSTON, TX
TITLE	V
NAME	BROWN, JAMES B
STREET ADDRESS	2727-A ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON, TX 77019

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05/04/05-80161-014 150.00

**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)(f), 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 recorder 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: **BARB J. MOORE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-05** **713-831-3535**  
Date Daytime Phone #