

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000001388 (5)
 1. Corporation Name
INACOM INTERNATIONAL, INC.



Principal Place of Business: **10810 FARNAM DRIVE OMAHA NE 68154**
 Mailing Address: **10810 FARNAM DRIVE OMAHA NE 68154-3237**

3. Date Incorporated or Qualified: **03/19/1996** 3a. Date of Last Report

4. FEI Number: **APPLIED FOR** Applied For / Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business: **Attn: Therese Haindfield**
 2a. Mailing Address: **Attn: Therese Haindfield**

22. **10810 Farnam Drive**
 27. **10810 Farnam Drive**

23. **Omaha, NE**
 28. **Omaha, NE**

24. **68154** 25. **USA** 29. **68154** 30. **USA**

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FAIRFIELD, BILL		1.2 NAME	
STREET ADDRESS: 10810 FARNAM DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP: OMAHA NE 68154		1.4 CITY-ST-ZIP	
TITLE: P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FREIWALD, CHRIS		2.2 NAME	
STREET ADDRESS: 10810 FARNAM DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP: OMAHA NE 68154		2.4 CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GUENTHNER, DAVE		3.2 NAME	
STREET ADDRESS: 10810 FARNAM DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP: OMAHA NE 68154		3.4 CITY-ST-ZIP	
TITLE: T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GOLDSBERRY, GARY		4.2 NAME	
STREET ADDRESS: 10810 FARNAM DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP: OMAHA NE 68154		4.4 CITY-ST-ZIP	
TITLE: S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STEFFAN, MICHAEL A		5.2 NAME	
STREET ADDRESS: 10810 FARNAM DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP: OMAHA NE 68154		5.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME	
STREET ADDRESS: _____		6.3 STREET ADDRESS	
CITY-ST-ZIP: _____		6.4 CITY-ST-ZIP	

RW
4-29-97

900002160063 Change Addition
-04/30/97--01039--013
*****165.00**

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **REQUIRED 4-29-97** Date: _____ Daytime Phone #: **(402) 392-3900**

CR2E034 (9/96)