

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

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90003 006 ***600.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000001388

1. Corporation Name
INACOM INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**10810 FARNAM DRIVE
 OMAHA NE 68154**

Mailing Address
**10810 FARNAM DR
 ATTN: TAX DEPT
 OMAHA NE 68154
 US**

3. Date Incorporated or Qualified
03/19/1996

4. FEI Number
47-0795718

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

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 **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	FAIRFIELD, BILL	
STREET ADDRESS	10810 FARNAM DRIVE	
CITY-ST-ZIP	OMAHA NE 68154	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FREWALD, CHRIS	
STREET ADDRESS	10810 FARNAM DRIVE	
CITY-ST-ZIP	OMAHA NE 68154	
TITLE	VFD	<input type="checkbox"/> DELETE
NAME	GUENTHNER, DAVE	
STREET ADDRESS	10810 FARNAM DRIVE	
CITY-ST-ZIP	OMAHA NE 68154	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEFFAN, MICHAEL A	
STREET ADDRESS	10810 FARNAM DRIVE	
CITY-ST-ZIP	OMAHA NE 68154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<i>Vice President/Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<i>Treasurer</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>Richard Ash 10</i>
5.3 STREET ADDRESS	<i>10810 Farnam Dr.</i>
5.4 CITY-ST-ZIP	<i>Omaha, NE 68154</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Michael Steffan: 4/28/99* *Michael Steffan (402) 392-3900*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)