

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sonara B. Marziani  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03975 (0)**

1. Corporation Name

**INACOMP FINANCIAL SERVICES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**ATTN: STEWART GAEBLER  
10810 FARNAM DR STE. 200  
OMAHA NE 68154**

**ATTN: STEWART GAEBLER  
10810 FARNAM DR STE. 200  
OMAHA NE 68154**

3. Date Incorporated or Qualified **11/06/1984** 3a. Date of Last Report **05/01/1994**

4. FEI Number **38-2447708** 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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

25. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reestablishing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  
NAME **DURKIN, GAIL**  
STREET ADDRESS **10810 FARNAM DR**  
CITY - ST - ZIP **OMAHA NE**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **V**  
NAME **KERKMAN, LEON**  
STREET ADDRESS **10810 FARNAM DR**  
CITY - ST - ZIP **OMAHA NE**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **S**  
NAME **STEFFAN, MICHAEL**  
STREET ADDRESS **10810 FARNAM DR**  
CITY - ST - ZIP **OMAHA NE**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **T**  
NAME **GOLDSBERRY, GARY**  
STREET ADDRESS **10810 FARNAM DR**  
CITY - ST - ZIP **OMAHA NE**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **D**  
NAME **FAIRFIELD, BILL**  
STREET ADDRESS **10810 FARNAM DR**  
CITY - ST - ZIP **OMAHA NE**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE **D**  
NAME **QUENTHNER, DAVID**  
STREET ADDRESS **10810 FARNAM DR**  
CITY - ST - ZIP **OMAHA NE**

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 checked, as a registered agent with authority.

SIGNATURE:

*Michael Steffan*  
SIGNATURE AND TITLE OF CURRENT REGISTERED AGENT OR DIRECTOR

*Michael Steffan 4/24/95 (402) 392-3900*  
(Date) (Phone)