

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # P03975 (0)
 1. Corporation Name
INACOMP FINANCIAL SERVICES, INC.



Principal Place of Business
ATTN: THERESA HANDFIELD
10810 FARNAM DR
OMAHA NE 68154
US

Mailing Address
ATTN: THERESA HANDFIELD
10810 FARNAM DR
OMAHA NE 68154
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/06/1984

2. Principal Place of Business

21 **10810 Farnam Dr.**
 Suite, Apt. #, etc.

22

23 **Omaha, NE**
 City & State

24 **68154** 25 **Douglas**
 Zip Country

2a. Mailing Address

26 **10810 Farnam Dr.**
 Suite, Apt. #, etc.

27 **Attn: Tax Dept.**
 City & State

28 **Omaha, NE**
 City & State

29 **68154** 30 **Douglas**
 Zip Country

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURKIN, GAIL	1.2 NAME	
STREET ADDRESS	10810 FARNAM DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERKMAN, LEON	2.2 NAME	
STREET ADDRESS	10810 FARNAM DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFFAN, MICHAEL	3.2 NAME	
STREET ADDRESS	10810 FARNAM DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDSBERRY, GARY	4.2 NAME	David Auenthner
STREET ADDRESS	10810 FARNAM DR NE	4.3 STREET ADDRESS	10810 Farnam Dr.
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	Omaha, NE 68154
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRFIELD, BILL	5.2 NAME	
STREET ADDRESS	10810 FARNAM DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUENTHNER, DAVID	6.2 NAME	300002527149
STREET ADDRESS	10810 FARNAM DR	6.3 STREET ADDRESS	-05/18/98-01053-02 5/14
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(m), 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 in an attachment with an express.

SIGNATURE: _____ Michael Steffan 5/19/98 (1117222500)

CR2E034 (10/97)