

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 # P03975**

1. Corporation Name  
**INACOMP FINANCIAL SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10810 FARNAM DR OMAHA NE 68154 US	Mailing Address 10810 FARNAM DR OMAHA NE 68154 US
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3. Date Incorporated or Qualified <b>11/06/1984</b>	
4. FEI Number <b>38-2447708</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<del>DURKIN, GAIL</del>
STREET ADDRESS	10810 FARNAM DR
CITY-ST-ZIP	OMAHA NE
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<del>KERKMAN, LEON</del>
STREET ADDRESS	10810 FARNAM DR
CITY-ST-ZIP	OMAHA NE
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	STEFFAN, MICHAEL
STREET ADDRESS	10810 FARNAM DR
CITY-ST-ZIP	OMAHA NE
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<del>GUENTHNER, DAVID</del>
STREET ADDRESS	10810 FARNAM DR
CITY-ST-ZIP	OMAHA NE 68154
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	FAIRFIELD, BILL
STREET ADDRESS	10810 FARNAM DR
CITY-ST-ZIP	OMAHA NE
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	GUENTHNER, DAVID
STREET ADDRESS	10810 FARNAM DR
CITY-ST-ZIP	OMAHA NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Howe
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David Guenther
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard Oshio
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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)