

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005259 (7)**

1. Corporation Name  
**INACOM BUSINESS CENTERS, INC.**

Principal Place of Business <b>10810 FARNAM DRIVE ATTN: STEWART GAEBLER OMAHA NE 68154 US</b>	Mailing Address <b>10810 FARNAM DRIVE ATTN: STEWART GAEBLER OMAHA NE 68154 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/18/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
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4. FEI Number <b>58-1337107</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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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. Country
24. Country	29. Zip
25. Country	30. Zip

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>SCHULTZ, ROBERT</b>
STREET ADDRESS	<b>10810 FARNAM DR.</b>
CITY - ST - ZIP	<b>OMAHA NE 68154</b>
TITLE	<b>VD</b>
NAME	<b>FAIRFIELD, BILL</b>
STREET ADDRESS	<b>10810 FARNAM DR.</b>
CITY - ST - ZIP	<b>OMAHA NE 68154</b>
TITLE	<b>S</b>
NAME	<b>STEFFAN, MICHAEL</b>
STREET ADDRESS	<b>10810 FARNAM DR.</b>
CITY - ST - ZIP	<b>OMAHA NE 68154</b>
TITLE	<b>T</b>
NAME	<b>GOLDSBERRY, GARY</b>
STREET ADDRESS	<b>10810 FARNAM DR.</b>
CITY - ST - ZIP	<b>OMAHA NE 68154</b>
TITLE	<b>D</b>
NAME	<b>GUENTHNER, DAVE</b>
STREET ADDRESS	<b>10810 FARNAM DR.</b>
CITY - ST - ZIP	<b>OMAHA NE 68154</b>
TITLE	
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	<input 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	<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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, upon my attachment to this report.

SIGNATURE: *Michael Steffan* Michael Steffan 4/24/95 (402) 392-3900  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR