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**Apr 28 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F93000005259 (7)

1. Corporation Name
INACOM BUSINESS CENTERS, INC.



Principal Place of Business
**10810 FARNAM DRIVE
ATTN: STEWART GAEBLER
OMAHA NE 68154
US**

Mailing Address
**10810 FARNAM DRIVE
ATTN: STEWART GAEBLER
OMAHA NE 68154-3237
US**

3. Date Incorporated or Qualified 11/18/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 58-1337107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Attn: Terese Haindfield	2a. Mailing Address Attn: Terese Haindfield
22. Suite, Apt. #, etc. 10810 Farnam Drive	27. Suite, Apt. #, etc. 10810 Farnam Drive
23. City & State Omaha, NE	28. City & State Omaha, NE
24. Zip 68154	29. Zip 68154
25. Country USA	30. Country USA

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

TITLE	P <input type="checkbox"/> DELETE
NAME	SCHULTZ, ROBERT
STREET ADDRESS	10810 FARNAM DR.
CITY-ST-ZIP	OMAHA NE 68154
TITLE	VD <input type="checkbox"/> DELETE
NAME	FAIRFIELD, BILL
STREET ADDRESS	10810 FARNAM DR.
CITY-ST-ZIP	OMAHA NE 68154
TITLE	S <input type="checkbox"/> DELETE
NAME	STEFFAN, MICHAEL
STREET ADDRESS	10810 FARNAM DR.
CITY-ST-ZIP	OMAHA NE 68154
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	GOLDSBERRY, GARY
STREET ADDRESS	10810 FARNAM DR.
CITY-ST-ZIP	OMAHA NE 68154
TITLE	D <input type="checkbox"/> DELETE
NAME	GUENTHNER, DAVE
STREET ADDRESS	10810 FARNAM DR.
CITY-ST-ZIP	OMAHA NE 68154
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	David Guentner
4.4 CITY-ST-ZIP	10810 Farnam Drive
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Omaha, NE 68154
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 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.

SIGNATURE: *[Signature]* **REQUIRED** Date: **4-21-97** (402) 392-3900

CR2E034 (9/96)