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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 ☐ \$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

21 Attn: Therese Haindfield

Suite, Apt. #, etc.

22 10810 Farnam Drive

City & State

23 Omaha, NE

Zip

24 68154

Country

25 USA

2a. Mailing Address

26 Attn: Therese Haindfield

Suite, Apt. #, etc.

27 10810 Farnam Drive

City & State

28 Omaha, NE

Zip

29 68154

Country

30 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

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 of officer printed name of registered agent and title if applicable

(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	QUENTHNER, 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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David Guenther
4.3 STREET ADDRESS	10810 Farnam Drive
4.4 CITY-ST-ZIP	Omaha, NE 68154
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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97 (402)392-3900

Date

Daytime Phone #

0499517

CR2E034 (9/96)