

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **F94000001496 (8)**

1. Corporation Name

INACOM COMMUNICATIONS, INC.

95 MAY -1 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10810 FARNAM DR.
OMAHA NE 68154

Mailing Address

10810 FARNAM DR.
OMAHA NE 68154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/24/1994

3a. Date of Last Report

2. Principal Place of Business

21 **10810 Farnam Drive**

2a. Mailing Address

26 **10810 Farnam Drive**

4. FEI Number
47-0721478

Applied For
Not Applicable

22 City & State

23 **Omaha, NE**

27 City & State

28 **Omaha, NE**

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

24 **68154**

25

29 **68154**

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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 607.080(2) and 607.1508, Florida Statutes, the above named corporation admits 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 registered agents Florida Statutes.

SIGNATURE

Name of Agent (print name and title)

Name of Registered Agent (print name and title)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	PD SORENSON, CLAY
12.2 STREET ADDRESS	10810 FARNAM DR. OMAHA NE 68154
12.3 CITY, ST, ZIP	OMAHA NE 68154
12.4 TITLE	S
12.5 NAME	STEFFAN, MICHAEL
12.6 STREET ADDRESS	10810 FARNAM DR. OMAHA NE 68154
12.7 CITY, ST, ZIP	OMAHA NE 68154
12.8 TITLE	T
12.9 NAME	GOLDSBERRY, GARY
12.10 STREET ADDRESS	10810 FARNAM DR. OMAHA NE 68154
12.11 CITY, ST, ZIP	OMAHA NE 68154
12.12 TITLE	D
12.13 NAME	FAIRFIELD, BILL
12.14 STREET ADDRESS	10810 FARNAM DR. OMAHA NE 68154
12.15 CITY, ST, ZIP	OMAHA NE 68154
12.16 TITLE	D
12.17 NAME	GUENTHNER, DAVID
12.18 STREET ADDRESS	10810 FARNAM DR. OMAHA NE 68154
12.19 CITY, ST, ZIP	OMAHA NE 68154
12.20 TITLE	
12.21 NAME	
12.22 STREET ADDRESS	
12.23 CITY, ST, ZIP	
12.24 TITLE	
12.25 NAME	
12.26 STREET ADDRESS	
12.27 CITY, ST, ZIP	
12.28 TITLE	
12.29 NAME	
12.30 STREET ADDRESS	
12.31 CITY, ST, ZIP	
12.32 TITLE	

13.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	George DeSola	
13.3 STREET ADDRESS	10810 Farnam Drive	
13.4 CITY, ST, ZIP	Omaha, NE 68154	
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13.95 STREET ADDRESS		
13.96 CITY, ST, ZIP		
13.97 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.98 NAME		
13.99 STREET ADDRESS		
13.100 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the registration stated in Sections 199.032 and 199.033, Florida Statutes. I further certify that the information furnished on this filing is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation. The name of the corporation is as shown on this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or 13 of this filing. I am a registered agent for the corporation.

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