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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 # F94000001496 (8)**

1. Corporation Name  
**INACOM COMMUNICATIONS, INC.**



Principal Place of Business: **10810 FARNAM DR. ATTN: FINANCE DEPT. OMAHA NE 68154 US**  
Mailing Address: **10810 FARNAM DR. ATTN: FINANCE DEPT. OMAHA NE 68154-3237 US**

3. Date Incorporated or Qualified: **03/24/1994**  
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: **21 Attn: Therese Haindfield**  
22 **10810 Farnam Drive**  
23 **Omaha, NE**  
24 **68154** Country: **25 USA**  
2a. Mailing Address: **26 Attn: Therese Haindfield**  
27 **10810 Farnam Drive**  
28 **Omaha, NE**  
29 **68154** Country: **30 USA**

4. FEI Number: **47-0721478**  
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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GEORGE DE SOLA	
STREET ADDRESS	10810 FARNAM DR.	
CITY- ST- ZIP	OMAHA NE	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEFFAN, MICHAEL	
STREET ADDRESS	10810 FARNAM DR.	
CITY- ST- ZIP	OMAHA NE	
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	FAIRFIELD, BILL	
STREET ADDRESS	10810 FARNAM DR.	
CITY- ST- ZIP	OMAHA NE 68154	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUENTHNER, DAVID	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T/D
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] **REQUIRED** Date: **4-21-97** Daytime Phone #: **(402) 392-3900**

CR2E034 (9/96)