

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000003534 (4)**

1. Corporation Name
INACOM CORP.



Principal Place of Business: **10810 FARNAM DR. OMAHA NE 68154**
Mailing Address: **10810 FARNAM DR. OMAHA NE 68154**

3. Date Incorporated or Qualified: **07/06/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **10810 Farnam Dr.**
Suite, Apt. #, etc.
22 **Attn: Finance Dept.**
City & State
23 **Omaha, NE**
Zip Country
24 **68154** 25 **U.S.**
2a. Mailing Address
26 **10810 Farnam Dr.**
Suite, Apt. #, etc.
27 **Attn: Finance Dept.**
City & State
28 **Omaha, NE**
Zip Country
29 **68154** 30 **U.S.**

4. FEI Number: **47-0681813**
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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**
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	D	<input type="checkbox"/> DELETE
NAME	INATOME, JOSEPH	
STREET ADDRESS	10810 FARNAM DRIVE	
CITY-ST-ZIP	OMAHA NE	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	GUENTHNER, DAVID	
STREET ADDRESS	10810 FARNAM DRIVE	
CITY-ST-ZIP	OMAHA NE	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEFFAN, MICHAEL	
STREET ADDRESS	10810 FARNAM DRIVE	
CITY-ST-ZIP	OMAHA NE	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GOLDSBERRY, GARY	
STREET ADDRESS	10810 FARNAM DRIVE	
CITY-ST-ZIP	OMAHA NE	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHULTZ, ROBERT	
STREET ADDRESS	10810 FARNAM DRIVE	
CITY-ST-ZIP	OMAHA NE	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DESOLA, GEORGE	
STREET ADDRESS	10810 FARNAM DRIVE	
CITY-ST-ZIP	OMAHA NE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	Bill Fairfield	
1.3 STREET ADDRESS	10810 Farnam Drive	
1.4 CITY-ST-ZIP	Omaha, NE 68154	
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, or on an attachment with an address.

SIGNATURE: *Michael Steffan* **Michael Steffan** 4/23/96 (402) 392-3900

CR2E034 (12/95)