

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**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 # **F94000003534 (4)**
1. Corporation Name
INACOM CORP.



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: **07/06/1994**

3a. Date of Last Report: **05/01/1996**

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

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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: FAIRFIELD, BILL	
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 checked="" type="checkbox"/> DELETE
NAME: GOLDSBERRY, GARY	
STREET ADDRESS: 10810 FARNAM DRIVE	
CITY-ST-ZIP: OMAHA NE	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: SCHULTZ, ROBERT	
STREET ADDRESS: 10810 FARNAM DRIVE	
CITY-ST-ZIP: OMAHA NE	
TITLE: PD	<input checked="" 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: 0	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Gary Schwendiman	
1.3 STREET ADDRESS: 10810 Farnam Drive	
1.4 CITY-ST-ZIP: Omaha, NE 68154	
2.1 TITLE: EVP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: David Guentner	
2.3 STREET ADDRESS: 10810 Farnam Drive	
2.4 CITY-ST-ZIP: Omaha, NE 68154	
3.1 TITLE: 0	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: Rick Inatome	
3.3 STREET ADDRESS: 10810 Farnam Drive	
3.4 CITY-ST-ZIP: Omaha, NE 68154	
4.1 TITLE: 0	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: Joseph Averbach	
4.3 STREET ADDRESS: 10810 Farnam Drive	
4.4 CITY-ST-ZIP: Omaha, NE 68154	
5.1 TITLE: 0	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: W. Grant Gregory	
5.3 STREET ADDRESS: 10810 Farnam Drive	
5.4 CITY-ST-ZIP: Omaha, NE 68154	
6.1 TITLE: 0	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: Ourward. B. Varner	
6.3 STREET ADDRESS: 10810 Farnam Drive	
6.4 CITY-ST-ZIP: Omaha, NE 68154	

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: _____ DATE: _____ DAYTIME PHONE: _____

42197 (1402)392-3900

CR2E034 (9/96)