

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90005 002 \*\*\*550.00

0129217

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000003534**

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: TAX DEPT  
OMAHA NE 68154  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1994

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 10810 Farnam Dr

27 Suite, Apt. #, etc.  
Attn: Tax Department

28 City & State

Omaha, NE

29 Zip

68154

30 Country

USA

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FAIRFIELD, BILL  
STREET ADDRESS 10810 FARNAM DRIVE  
CITY-ST-ZIP OMAHA NE

TITLE EVPT- EVP ☐ DELETE

NAME GUENTHNER, DAVID  
STREET ADDRESS 10810 FARNAM DRIVE  
CITY-ST-ZIP OMAHA NE

TITLE S ☐ DELETE

NAME STEFFAN, MICHAEL  
STREET ADDRESS 10810 FARNAM DRIVE  
CITY-ST-ZIP OMAHA NE

TITLE D ☐ DELETE

NAME AVERBACH, JOSEPH  
STREET ADDRESS 10810 FARNAM DRIVE  
CITY-ST-ZIP OMAHA NE

TITLE D ☐ DELETE

NAME GREGORY, W. GRANT  
STREET ADDRESS 10810 FARNAM DRIVE  
CITY-ST-ZIP OMAHA NE

TITLE D ☐ DELETE

NAME VARNER, DURWARD B  
STREET ADDRESS 10810 FARNAM DRIVE  
CITY-ST-ZIP OMAHA NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE See a Hacked ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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: *W. Grant Gregory*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/99 (402)392-3900

CR2E034 (5/99)