

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

FILED
Apr 29 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 # F96000001388 (5)			
1. Corporation Name INACOM INTERNATIONAL, INC.			
Principal Place of Business 10810 FARNAM DRIVE OMAHA NE 68154		Mailing Address 10810 FARNAM DRIVE OMAHA NE 68154-3237	



2. Principal Place of Business 21 Attn: Therese Haindfield Suite, Apt. #, etc. 22 10810 Farnam Drive City & State 23 Omaha, NE Zip 24 68154		2a. Mailing Address 26 Attn: Therese Haindfield Suite, Apt. #, etc. 27 10810 Farnam Drive City & State 28 Omaha, NE Zip 29 68154		3. Date Incorporated or Qualified 03/19/1996		3a. Date of Last Report	
				4. FEI Number APPLIED FOR		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T 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			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FAIRFIELD, BILL		1.2 NAME				
STREET ADDRESS	10810 FARNAM DRIVE		1.3 STREET ADDRESS				
CITY - ST - ZIP	OMAHA NE 68154		1.4 CITY - ST - ZIP				
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FREIWALD, CHRIS		2.2 NAME				
STREET ADDRESS	10810 FARNAM DRIVE		2.3 STREET ADDRESS				
CITY - ST - ZIP	OMAHA NE 68154		2.4 CITY - ST - ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GUENTHNER, DAVE		3.2 NAME				
STREET ADDRESS	10810 FARNAM DRIVE		3.3 STREET ADDRESS				
CITY - ST - ZIP	OMAHA NE 68154		3.4 CITY - ST - ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GOLDSBERRY, GARY		4.2 NAME				
STREET ADDRESS	10810 FARNAM DRIVE		4.3 STREET ADDRESS				
CITY - ST - ZIP	OMAHA NE 68154		4.4 CITY - ST - ZIP				
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STEFFAN, MICHAEL A		5.2 NAME				
STREET ADDRESS	10810 FARNAM DRIVE		5.3 STREET ADDRESS				
CITY - ST - ZIP	OMAHA NE 68154		5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			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 4-29-97 (402) 392-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)