

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

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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
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DOCUMENT # P03975 (0)
 1. Corporation Name
INACOMP FINANCIAL SERVICES, INC.



Principal Place of Business ATTN: STEWART GAEBLER 10810 FARNAM DR STE. 200 OMAHA NE 68154	Mailing Address ATTN: STEWART GAEBLER 10810 FARNAM DR STE. 200 OMAHA NE 68154-3282
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3. Date Incorporated or Qualified 11/06/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 38-2447708	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DURKIN, GAIL		1.2 NAME	
STREET ADDRESS 10810 FARNAM DR		1.3 STREET ADDRESS	
CITY-ST-ZIP OMAHA NE		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KERKMAN, LEON		2.2 NAME	
STREET ADDRESS 10810 FARNAM DR		2.3 STREET ADDRESS	
CITY-ST-ZIP OMAHA NE		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEFFAN, MICHAEL		3.2 NAME	
STREET ADDRESS 10810 FARNAM DR		3.3 STREET ADDRESS	
CITY-ST-ZIP OMAHA NE		3.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDSBERRY, GARY		4.2 NAME	David Guenther
STREET ADDRESS 10810 FARNAM DR		4.3 STREET ADDRESS	10810 Farnam Drive
CITY-ST-ZIP OMAHA NE		4.4 CITY-ST-ZIP	Omaha, NE 68154
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAIRFIELD, BILL		5.2 NAME	
STREET ADDRESS 10810 FARNAM DR		5.3 STREET ADDRESS	
CITY-ST-ZIP OMAHA NE		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUENTHER, DAVID		6.2 NAME	
STREET ADDRESS 10810 FARNAM DR		6.3 STREET ADDRESS	
CITY-ST-ZIP OMAHA NE		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, typed or printed name of signing officer or director) 4-21-97 (402)392-3900 Date Daytime Phone

CR2E034 (9/96)