2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

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Entity Name: FLORIDA WEST COAST CHAPTER OF THE INSTITUTE OF INTERNAL AUDITORS, INCORPORATED

Current Principal Place of Business:

P O BOX 26483
TAMPA, FL 33623 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 26483
TAMPA, FL 33623 US

New Mailing Address:

FEI Number: 59-2951576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANKINS, BETTY L
1515 N. WESTSHORE BLVD
INTERNAL AUDIT DEPT.
TAMPA, FL 33607

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SHEER, MELINDA	
Address:	1500 N DALE MABRY HWY	
City-St-Zip:	TAMPA, FL 33631	
Title:	D	( ) Delete
Name:	TURKE, TOM	
Address:	16313 N DALE MABRY HWY	
City-St-Zip:	TAMPA, FL 33618	
Title:	D	( ) Delete
Name:	SKIPPER, CYNDI	
Address:	101 E KENNEDY BLVD STE 2200	
City-St-Zip:	TAMPA, FL 33602	
Title:	D	( ) Delete
Name:	GLICKMAN, SUSAN	
Address:	3109 W DR MLK BLVD	
City-St-Zip:	TAMPA, FL 33607	
Title:	P	( ) Delete
Name:	MAKOWSKI, BRIAN	
Address:	6300 UNIVERSITY PKWY	
City-St-Zip:	SARASOTA, FL 34240	
Title:	T	( ) Delete
Name:	CUPPETT, STEVEN	
Address:	4202 E. FOWLER AVE MHH252	
City-St-Zip:	TAMPA, FL 336206752	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	THROWER, MITCHELL	
Address:	HILLS CO. AVIATION AUTH PO BOX 22287 TIA	
City-St-Zip:	TAMPA, FL 33622	
Title:	T	(X) Change ( ) Addition
Name:	RATURI, REENA	
Address:	4202 E. FOWLER AVE MHH252	
City-St-Zip:	TAMPA, FL 33620	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REENA RATURI T 04/29/2002

Electronic Signature of Signing Officer or Director — Date