



2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000000050		
1. Entity Name INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION, WEST FLORIDA CHAPTER, INC.		

Principal Place of Business P.O. BOX 1101 TAMPA, FL 33601-1101 US	Mailing Address P.O. BOX 1101 TAMPA, FL 33601-1101 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

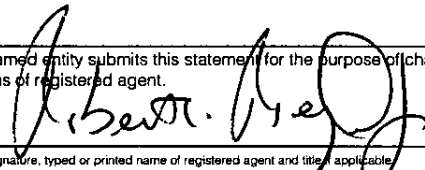
FILED
04 NOV -1 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11/01/04--01076--011 **70.00


10262004 REIN-NP CR2E099 (6/04)

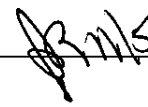
4. FEI Number 59-1933237	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ETTORRE, EDWARD 5871 117TH AVENUE N. PINELLAS PARK, FL 33782		7. Name and Address of New Registered Agent Name Robert Riegel Street Address 90 TECH DATA Corporation 5350 TECH DATA Drive City Clearwater FL 33760	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title, if applicable	Robert Riegel 10/27/04 (NOTE: Registered Agent signature required when filing online) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ETTORRE, EDWARD 5871 117TH AVENUE N. PINELLAS PARK, FL 33782 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Riegel PO Box 1101 Tampa, FL 33601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLIN, KATHLEEN 1030 3RD ST. N. SAINT PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Joe Corsi PO Box 1101 Tampa, FL 33601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORGOGNONE, JANICE P.O. BOX 22287 TAMPA, FL 33622287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lisa Young PO Box 1101 Tampa, FL 33601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOLMAN, MARK P.O. BOX 1101 TAMPA, FL 33601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kolman, Mark PO Box 1101 Tampa, FL 33601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Lisa R Young 813-571-9008 Date 10/27/04 Daytime Phone #
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CHUBB 1365
10-27-04
11/7/04