

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED
 55 MAY -1 AM 9:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33080 (3)
 1. Corporation Name
APPRAISAL INSTITUTE, INC.

Principal Place of Business 875 MICHIGAN AVENUE 2400 CHICAGO IL 60611	Mailing Address 875 MICHIGAN AVENUE 2400 CHICAGO IL 60611
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1991	3a. Date of Last Report 04/26/1994
4. FEI Number 36-3739643	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under D. 100.033, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, DOUGLAS C.
STREET ADDRESS	875 N MICHIGAN AVE, #2400
CITY - ST - ZIP	CHICAGO IL
TITLE	VP
NAME	POWELL, C. SPENCER
STREET ADDRESS	875 N MICHIGAN AVE, #2400
CITY - ST - ZIP	CHICAGO IL
TITLE	S
NAME	KINNEY, FRANK R.
STREET ADDRESS	875 N MICHIGAN AVE 2400
CITY - ST - ZIP	CHICAGO IL
TITLE	D
NAME	ANDRUS, SHERRYL K.
STREET ADDRESS	3750 S JONES BLVD, STE 5
CITY - ST - ZIP	LAS VEGAS NV
TITLE	D
NAME	ANDERSON, THOMAS A.
STREET ADDRESS	2341 BRAEBURN CIR
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	AVERY, JOHNATHAN H.
STREET ADDRESS	282 CENTRAL ST
CITY - ST - ZIP	ACTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	p <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Richard C. Sorenson
13 STREET ADDRESS	875 N. Michigan Ave., #2400
14 CITY - ST - ZIP	Chicago, IL 60611-1980
21 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Kenneth L. Nicholson
23 STREET ADDRESS	875 N. Michigan Ave., #2400
24 CITY - ST - ZIP	Chicago, IL 60611-1980
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	C. David Matthews
43 STREET ADDRESS	123 N W 4th St. Ste 711
44 CITY - ST - ZIP	Evansville, IN 47708
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Bruce R. Willmette
53 STREET ADDRESS	2027 Grand Canal Blvd., Ste. 33
54 CITY - ST - ZIP	Stockton, CA 95207-6650
61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	G. Joseph Corlett
63 STREET ADDRESS	1459 Tyrell Lane Ste B
64 CITY - ST - ZIP	Boise, ID 83706

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Kinney Frank Kinney 4-24-95 3/2 335-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)