

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # P33080 (3)

1. Corporation Name
APPRAISAL INSTITUTE, INC.

Principal Place of Business Mailing Address
875 MICHIGAN AVENUE 2400 CHICAGO IL 60611 **875 MICHIGAN AVENUE 2400 CHICAGO IL 60611**

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 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 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 re-stating) 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	202 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 119.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *Frank Kinney* *Frank Kinney* 4-24-95 3/2 335-1110
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR