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May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 60611-1802

3. Date Incorporated or Qualified: 03/08/1991  
3a. Date of Last Report: 05/14/1996

2. Principal Place of Business (21) Suite, Apt #, etc. (22) City & State (23) Zip (24) Country  
2a. Mailing Address (26) Suite, Apt #, etc. (27) City & State (28) Zip (29) Country (30)

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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	C. SPENCER POWELL
STREET ADDRESS	875 N. MICHIGAN AVENUE, SUITE 2400
CITY-ST-ZIP	CHICAGO IL
TITLE	VT <input checked="" type="checkbox"/> DELETE
NAME	JOSEPH R. STANFIELD
STREET ADDRESS	875 N. MICHIGAN AVENUE, SUITE 2400
CITY-ST-ZIP	CHICAGO IL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	KINNEY, FRANK R.
STREET ADDRESS	875 N MICHIGAN AVE 2400
CITY-ST-ZIP	CHICAGO IL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MATTEWS, C DAVID
STREET ADDRESS	123 NW 4TH STREET, SUITE 711
CITY-ST-ZIP	EVANSVILLE IN
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILLMETTE, BRUCE R
STREET ADDRESS	2027 GRAND CANAL BLVD SUITE 33
CITY-ST-ZIP	STOCKTON CA
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CORLETT, G JOSEPH
STREET ADDRESS	1459 TYRELL LANE SUITE B
CITY-ST-ZIP	BOISE ID

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenneth L. Nicholson
1.3 STREET ADDRESS	875 N. Michigan Avenue, Suite 2400
1.4 CITY-ST-ZIP	Chicago, IL 60611
2.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bert L. Thornton
2.3 STREET ADDRESS	875 N. Michigan Avenue, Suite 2400
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Klaas Bos
4.3 STREET ADDRESS	505 E. Colorado Blvd., Ste. 200
4.4 CITY-ST-ZIP	Pasadena, CA 91101
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Alan E. Hummel
5.3 STREET ADDRESS	812 Ashworth Rd.
5.4 CITY-ST-ZIP	West Des Moines, IA 50265-3618
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Woodward S. Hanson
6.3 STREET ADDRESS	2233 Second St.
6.4 CITY-ST-ZIP	Ft. Myers, FL 33901-3051

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* Date: 4/30/97 Daytime Phone #: (312) 335-4115

CR2E037 (9/96)