



FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P33080</b> (3)					
1. Corporation Name <b>APPRAISAL INSTITUTE, INC.</b>					
Principal Place of Business <b>875 MICHIGAN AVENUE 2400 CHICAGO IL 60611</b>			Mailing Address <b>875 MICHIGAN AVENUE 2400 CHICAGO IL 60611-1802</b>		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>03/08/1991</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report <b>05/14/1996</b>	
City & State 23		City & State 28		4. FEI Number <b>36-3739643</b>	
Zip 24		Country 25		Applied For Not Applicable	
Country 25		Zip 29		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country 30		Zip 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 85 Zip Code		
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					
1.1 TITLE <input checked="" type="checkbox"/> DELETE					
1.2 NAME <b>C. SPENCER POWELL</b>					
1.3 STREET ADDRESS <b>875 N. MICHIGAN AVENUE, SUITE 2400</b>					
1.4 CITY-ST-ZIP <b>CHICAGO IL</b>					
2.1 TITLE <input checked="" type="checkbox"/> DELETE					
2.2 NAME <b>JOSEPH R. STANFIELD</b>					
2.3 STREET ADDRESS <b>875 N. MICHIGAN AVENUE, SUITE 2400</b>					
2.4 CITY-ST-ZIP <b>CHICAGO IL</b>					
3.1 TITLE <input checked="" type="checkbox"/> DELETE					
3.2 NAME <b>KINNEY, FRANK R.</b>					
3.3 STREET ADDRESS <b>875 N MICHIGAN AVE 2400</b>					
3.4 CITY-ST-ZIP <b>CHICAGO IL</b>					
4.1 TITLE <input checked="" type="checkbox"/> DELETE					
4.2 NAME <b>MATTEWS, C DAVID</b>					
4.3 STREET ADDRESS <b>123 NW 4TH STREET, SUITE 711</b>					
4.4 CITY-ST-ZIP <b>EVANSVILLE IN</b>					
5.1 TITLE <input checked="" type="checkbox"/> DELETE					
5.2 NAME <b>WILLMETTE, BRUCE R</b>					
5.3 STREET ADDRESS <b>2027 GRAND CANAL BLVD SUITE 33</b>					
5.4 CITY-ST-ZIP <b>STOCKTON CA</b>					
6.1 TITLE <input checked="" type="checkbox"/> DELETE					
6.2 NAME <b>CORLETT, G JOSEPH</b>					
6.3 STREET ADDRESS <b>1459 TYRELL LANE SUITE B</b>					
6.4 CITY-ST-ZIP <b>BOISE ID</b>					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME <b>Kenneth L. Nicholson</b>					
1.3 STREET ADDRESS <b>875 N. Michigan Avenue, Suite 2400</b>					
1.4 CITY-ST-ZIP <b>Chicago, IL 60611</b>					
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME <b>Bert L. Thornton</b>					
2.3 STREET ADDRESS <b>875 N. Michigan Avenue, Suite 2400</b>					
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME <b>D Klaas Bos</b>					
4.3 STREET ADDRESS <b>505 E. Colorado Blvd., Ste. 200</b>					
4.4 CITY-ST-ZIP <b>Pasadena, CA 91101</b>					
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
5.2 NAME <b>D Alan E. Hummel</b>					
5.3 STREET ADDRESS <b>812 Ashworth Rd.</b>					
5.4 CITY-ST-ZIP <b>West Des Moines, IA 50265-3618</b>					
6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
6.2 NAME <b>D Woodward S. Hanson</b>					
6.3 STREET ADDRESS <b>2233 Second St.</b>					
6.4 CITY-ST-ZIP <b>Ft. Myers, FL 33901-3051</b>					
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 REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E037 (9/96)

4/30/97

(312) 335-4115

Date

Daytime Phone # 0076539