

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33080 (3)

1. Corporation Name
APPRAISAL INSTITUTE, INC.

Principal Place of Business 675 MICHIGAN AVENUE 2400 CHICAGO IL 60611	Mailing Address 875 MICHIGAN AVENUE 2400 CHICAGO IL 60611
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3. Date Incorporated or Qualified 03/08/1991	
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	NICHOLSON, KENNETH L	1.2 NAME	Joseph R. Stanfield
STREET ADDRESS	875 N MICHIGAN AVE STE 2400	1.3 STREET ADDRESS	875 N. Michigan Ave., Ste. 2400
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Chicago, Il 60611
TITLE	VT	2.1 TITLE	S
NAME	THORNTON, BERT L	2.2 NAME	John W. Ross
STREET ADDRESS	875 N MICHIGAN AVE STE 2400	2.3 STREET ADDRESS	875 N. Michigan Ave., Ste. 2400
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Chicago, Il 60611
TITLE	D	3.1 TITLE	
NAME	KLAAS, BOS	3.2 NAME	
STREET ADDRESS	505 E COLORADO BLVD STE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HUMMEL, ALAN E	4.2 NAME	
STREET ADDRESS	812 ASHWORTH RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	W DES MOINES IA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	VT
NAME	HANSON, WOODWARD S	5.2 NAME	
STREET ADDRESS	2233 SECOND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D
NAME		6.2 NAME	J. Philip Cook
STREET ADDRESS		6.3 STREET ADDRESS	875 N. Michigan Ave., Ste. 2400
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Chicago, Il 60611

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	Joseph R. Stanfield
1.3 STREET ADDRESS	875 N. Michigan Ave., Ste. 2400
1.4 CITY-ST-ZIP	Chicago, Il 60611
2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John W. Ross
2.3 STREET ADDRESS	875 N. Michigan Ave., Ste. 2400
2.4 CITY-ST-ZIP	Chicago, Il 60611
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	J. Philip Cook
6.3 STREET ADDRESS	875 N. Michigan Ave., Ste. 2400
6.4 CITY-ST-ZIP	Chicago, Il 60611

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **APPROVED** 4/29/98 32-335-4110

CR2E037 (10/97)