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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33080

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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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	3. Date Incorporated or Qualified 03/08/1991	4. FEI Number 36-3739643	Applied For 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		

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	STANFIELD, JOSEPH R	
STREET ADDRESS	875 N MICHIGAN AVENUE, STE 2400	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSS, JOHN W	
STREET ADDRESS	875 N MICHIGAN AVENUE, STE 2400	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLAAS, BOS	
STREET ADDRESS	505 E COLORADO BLVD STE 200	
CITY-ST-ZIP	PASADENA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMMEL, ALAN E	
STREET ADDRESS	812 ASHWORTH RD	
CITY-ST-ZIP	W DES MOINES IA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HANSON, WOODWARD S	
STREET ADDRESS	2233 SECOND ST	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, J PHILIP	
STREET ADDRESS	875 N MICHIGAN AVENUE, STE 2400	
CITY-ST-ZIP	CHICAGO IL 60611	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bert Thornton	
1.3 STREET ADDRESS	875 N. Michigan Ave, Ste 2400	
1.4 CITY-ST-ZIP	Chicago, IL 60611	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: John W. Ross DATE: 3/8/99 DAYTIME PHONE #: 312-335-4110

CR2E037 (1/1/98)