

# UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90082 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P33080**

1. Entity Name

**APPRAISAL INSTITUTE, INC.**

Principal Place of Business

Mailing Address

**875 MICHIGAN AVENUE 2400  
 CHICAGO IL 60611**

**875 MICHIGAN AVENUE 2400  
 CHICAGO IL 60611-1877**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-3739643**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
 NAME **THORNTON, BERT**  
 STREET ADDRESS **875 N MICHIGAN AVENUE, STE 2400**  
 CITY-ST-ZIP **CHICAGO IL 60611**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **ROSS, JOHN W**  
 STREET ADDRESS **875 N MICHIGAN AVENUE, STE 2400**  
 CITY-ST-ZIP **CHICAGO IL 60611**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **KLAAS, BOS**  
 STREET ADDRESS **505 E COLORADO BLVD STE 200**  
 CITY-ST-ZIP **PASADENA CA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **HUMMEL, ALAN E**  
 STREET ADDRESS **812 ASHWORTH RD**  
 CITY-ST-ZIP **W DES MOINES IA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VT** ☐ Delete  
 NAME **HANSON, WOODWARD S**  
 STREET ADDRESS **2233 SECOND ST**  
 CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **COOK, J PHILIP**  
 STREET ADDRESS **875 N MICHIGAN AVENUE, STE 2400**  
 CITY-ST-ZIP **CHICAGO IL 60611**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

03/01/00

(312)- 335-4110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)