

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33080

1. Entity Name

APPRAISAL INSTITUTE, INC.

Principal Place of Business

875 MICHIGAN AVENUE 2400  
CHICAGO IL 60611

Mailing Address

875 MICHIGAN AVENUE 2400  
CHICAGO IL 60611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3739643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

*John W. Ross*

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

(NOTE: Registered Agent signature required when reinstating)

1/30/01

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS GLANVILLE, BRIAN A.  
CITY-ST-ZIP 875 N. MICHIGAN AVENUE, STE 2400  
CHICAGO, IL 60611

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

TITLE D ☒ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS REEVE, WILLIAM H.  
CITY-ST-ZIP 875 N. MICHIGAN AVENUE, STE 2400  
CHICAGO, IL 60611

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

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

TITLE D ☒ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS SAFER, ALLEN N.  
CITY-ST-ZIP 875 N. MICHIGAN AVENUE, STE 2400  
CHICAGO, IL 60611

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 16, 2001 8:00 am  
Secretary of State

02-16-2001 90010 014 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

0087860

CR2E037 (10/00)