

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 91006 006 \*\*\*\*61.25

**DOCUMENT # P33080**

1. Entity Name  
**APPRAISAL INSTITUTE, INC.**

Principal Place of Business <b>875 MICHIGAN AVENUE 2400          CHICAGO IL 60611</b>	Mailing Address <b>875 MICHIGAN AVENUE 2400          CHICAGO IL 60611</b>
--	--

2. Principal Place of Business <b>550 W. Van Buren Street</b> Suite, Apt. #, etc. <b>Suite 2400</b> City & State <b>Chicago, IL</b>	3. Mailing Address <b>550 W. Van Buren Street</b> Suite, Apt. #, etc. <b>Suite 2400</b> City & State <b>Chicago, IL</b>
--	--



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>36-3739643</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY          1201 HAYS STREET          SUITE 105          TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GLANVILLE, BRIAN A</b> <b>875 N MICHIGAN AVENUE, STE 2400</b> <b>CHICAGO IL 60611</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>MOTTA, THOMAS A.</b> <b>550 W. VAN BUREN, STE 1000</b> <b>CHICAGO, IL 60607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROSS, JOHN W</b> <b>875 N MICHIGAN AVENUE, STE 2400</b> <b>CHICAGO IL 60611</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REEVE, WILLIAM H</b> <b>875 N MICHIGAN AV STE 2400</b> <b>CHICAGO IL 60611</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>GRANVILLE, BRAIN A.</b> <b>550 W. VAN BUREN, STE 1000</b> <b>CHICAGO, IL 60607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUMMEL, ALAN E</b> <b>812 ASHWORTH RD</b> <b>W DES MOINES IA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>HANSON, WOODWARD S</b> <b>2233 SECOND ST</b> <b>FT MYERS FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>HUMMEL, ALAN</b> <b>550 W. VAN BUREN, STE 1000</b> <b>CHICAGO, IL 60607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAFER, ALLEN N</b> <b>875 N MICHIGAN AVENUE, STE 2400</b> <b>CHICAGO IL 60611</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>JOLICOEUR, BRUCE C.</b> <b>550 W. VAN BUREN, STE 1000</b> <b>CHICAGO, IL 60607</b>

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 Executive V.P. \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)