

# 2002 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

550 W. Van Buren Street

Suite, Apt. #, etc.

Suite 2400

City & State

Chicago, IL

Zip

60607

Country

USA

3. Mailing Address

550 W. Van Buren Street

Suite, Apt. #, etc.

Suite 2400

City & State

Chicago, IL

Zip

60607

Country

USA



DO NOT WRITE IN THIS SPACE

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

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

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

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

*Executive V.P.*

Date

Daytime Phone #

CR2E037 (9/01)