



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90457 019 \*\*\*\*61.25

<b>DOCUMENT # P33080</b>			
1. Entity Name <b>APPRAISAL INSTITUTE, INC.</b>			
Principal Place of Business <b>550 W. VAN BUREN ST., STE. 2400 CHICAGO IL 60607 US</b>		Mailing Address <b>550 W. VAN BUREN ST., STE. 2400 CHICAGO IL 60607 US</b>	
2. Principal Place of Business <i>550 W. Van Buren</i> Suite, Apt. #, etc. <i>Ste. 1000</i> City & State <i>Chicago, IL</i> Zip <i>60607</i> Country <i>US</i>		3. Mailing Address <i>550 W. Van Buren</i> Suite, Apt. #, etc. <i>STE 1000</i> City & State <i>Chicago IL</i> Zip <i>60607</i> Country <i>US</i>	
			
		MOORE CR2E037 (11/03)	
		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b> <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GLANVILLE, BRIAN A 550 W. VAN BUREN ST., STE. 1000 CHICAGO IL 60607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> ROSS, JOHN W 875 N MICHIGAN AVENUE, STE 2400 CHICAGO IL 60611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> Ross, John 550 W. Van Buren Chicago, IL 60607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> MOTTA, THOMAS A 550 W. VAN BUREN ST., STE. 1000 CHICAGO IL 60607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MOTTA, Thomas 714 Ventura Dr. Morgantown, WV 26508 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HUMMEL, ALAN E 812 ASHWORTH RD W DES MOINES IA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HUMMEL, ALAN 550 W. VAN BUREN ST., STE. 1000 CHICAGO IL 60607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> M. Ralph Griffin 110 S. Bennington Dr. Spartanburg, SC 29307 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> JOLICOEUR, BRUCE C 550 W. VAN BUREN ST., STE. 1000 CHICAGO IL 60607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Brad Lindley 3505 Grant Ave. Ogden, UT 84401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>John W. Ross</i> <b>John W. Ross</b>		Date: <i>4/20/04</i> <b>312-335-4115</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	