

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33080

Entity Name: APPRAISAL INSTITUTE, INC.**Current Principal Place of Business:**200 W. MADISON ST
SUITE 1500
CHICAGO, IL 60606**Current Mailing Address:**200 W. MADISON ST
SUITE 1500
CHICAGO, IL 60606 US**FEI Number:** 36-3739643**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	ROBINSON, SCOTT
Address	104 W COLONIAL DRIVE
City-State-Zip:	SALISBURY NC 28144

Title	SECRETARY
Name	GRUBBE, FREDERICK H
Address	200 W. MADISON ST
City-State-Zip:	CHICAGO IL 60606

Title	DIRECTOR
Name	MURRETT, JAMES L
Address	5665 SOUTHWESTERN BLVD BLDG. 47C
City-State-Zip:	HAMBURG NY 14075

Title	PRESIDENT
Name	WILSON, KEN P
Address	4570 WESTGROVE DRIVE SUITE 115
City-State-Zip:	ADDISON TX 75001-5448

Title	VP
Name	COYLE, M LANCE
Address	14285 MIDWAY RD. SUITE 345
City-State-Zip:	ADDISON TX 75001

Title	DIRECTOR
Name	COWART, CHARLES T
Address	517 W. BRYAN STREET
City-State-Zip:	KISSIMMEE FL 34741

Title	DIRECTOR
Name	WINTER, SANDRA M.
Address	303 PEACHTREE STREET 9TH FL
City-State-Zip:	ATLANTA GA 30308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FREDERICK H GRUBBE**SECRETARY****04/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date