

**2017 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            PRESIDENT  
Name            AMORIN, JIM  
Address        7805-A BELL MOUNTAIN DRIVE  
City-State-Zip: AUSTIN TX 78730

Title            DIRECTOR  
Name            PILZ, NICHOLAS  
Address        14451 CEDAR HILL DRIVE  
City-State-Zip: WINTER GARDEN FL 34787

Title            DIRECTOR  
Name            SCHWARTZ, ERIC  
Address        1717 WEST LOOP SOUTH  
                 22ND FLOOR  
City-State-Zip: HOUSTON TX 77054

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

Title            SECRETARY  
Name            GRUBBE, FREDERICK H  
Address        200 W. MADISON ST  
                 1500  
City-State-Zip: CHICAGO IL 60606

Title            DIRECTOR  
Name            CAMPOS, MARY E  
Address        601 UNION STREET  
                 2000  
City-State-Zip: SEATTLE WA 98101

Title            VP  
Name            WAGNER, STEPHEN  
Address        3714 LITCHFIELD PLACE  
City-State-Zip: WEST LAFAYETTE IN 47906

Title            DIRECTOR  
Name            STEINLEY, CRAIG  
Address        P. O. BOS 7722  
City-State-Zip: RAPID CITY SD 57709

**Continues on page 2**

*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****05/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BISHOP, PLEDGER M III
Address	1250 FAIRMONT AVENUE
City-State-Zip:	MT. PLEASANT SC 29464