

**2013 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           STEPHENS, SARA W  
Address        435 N MULFORD RD #12  
City-State-Zip: ROCKFORD IL 61107

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

Title           D  
Name           MURRETT, JAMES L  
Address        5874 SHAMROCK COURT  
City-State-Zip: HAMBURG NY 14075

Title           PRESIDENT  
Name           BORGES, RICHARD L II  
Address        PO BOX 886  
City-State-Zip: SEYMOUR IN 47274-0886

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**

**03/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date