## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P33080

(3)

APPRAISAL INSTITUTE, INC.							
Principal Place	of Business	Mailing Address				imie Waller Minni ninga Binit nine	i Bibli IBBI
875 MICHIGAN CHICAGO IL 6	4 AVENUE 2400 20611	875 MICHIGAN AVENUE 2 CHICAGO IL 60611	2400				
					3. Date Incorporated or Qualified 03/08/1991	3a. Date of Last Rep 05/01/1995	
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 36-3739643	<del> </del>	olied For Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	□ \$5.00 i Added to	
Zip <b>24</b>	Country 25	Z <sub>1</sub> p	Country 30	<i>'</i>		Yes No	9.032,
	9. Name and Address of Current	Registered Agent		T ::	10. Name and Address of New Re	gistered Agent	
			81	Name			
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET			82		dress (P.O. Box Number is Not Acceptable	e)	
SUITE 105			83				
TALLAHA	ISSEE FL 32301		84	City		FL 85 Zip C	ode
or register	o the provisions of Sections 617.0502 and agent, or both, in the State of Floridath, and accept the obligations of, Section	<ol> <li>Such change was authorized</li> </ol>	s, the above- d by the com	named corp poration's bo	oration submits this statement for the purporard of directors. I hereby accept the appo	oose of changing its registered ag	stered office jent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a		Registered Age	nt sonature redu	ared when renstaling	DATE	
12.	OFFICERS AND		13.	og uo o oqo	ADDITIONS/CHANGES TO OFFI		IN 12
TITLE	Р	DELETE	1 1 TITLE		P	Change	Addition
NAME	SORENSON, RICHARD C		1.2 NAME	(	c. Spencer Powell	E 11 2444	
STREET ADORESS	875 N MICHIGAN AVE 2400		1.3 STREE	T ADORESS	875 N. Michigan Ave	" Prite 5600	
CITY - ST - 7IP	CHICAGO IL		1.4 CITY-	ST-ZIP	Chicago, IL 6061	l	
TITLE	VT	DELETE	2.1 TITLE		v <del>/</del>	Change [	Addition
NAME	NICHOLSON, KENNETH		2 2 NAME	-	Toseph R. Stanfield 875 N. Michigan Mr.,	hau aa	
STREET ADDRESS	875 N MICHIGAN AVE 2400		2 3 STREE	T ADDRESS	875 N. Mlohigan Me. 13	72400	
CITY-ST-ZIP	CHICAGO IL		2 4 CITY	ST-ZIP (	Chicago, IL 60611		<u> </u>
TITLE	S MAINEY EDANIZ D	DELETE	3.1 TITLE			Change [	Addition
NAME	KINNEY, FRANK R. 875 N MICHIGAN AVE 2400		3 2 NAME				
STREET ADDRESS	CHICAGO IL		3.4. CITY -	T ADORESS			
CITY-ST-ZIP TITLE	D D	DELETE	4.1 TITLE	SI-ZIP		Change	Addition
NAME	MATTEWS, C DAVID	<b>-</b>	4. 2 NAME	:			
STREET ADDRESS	123 N W 4TH ST SUITE 117			T ADDRES\$	Sur	TE 711	
CITY-ST-ZIP	EVANSVILLE IN		4.4 CITY -				
TITLE	D	DELETE	5 1 THILE			☐ Change	Addition
NAME	WILLMETTE, BRUCE R		5.2 NAME				
STREET ADDRESS	2027 GRAND CANAL BLVD SU	ITE 33	5 3 STREE	T ADDRESS			
CITY-ST-ZIP	STOCKTON CA		5.4 CiTY -	ST-ZIP	<u></u>		
TITLE	D	DELETE	61 TITLE			☐ Change	Addition
NAME	CORLETT, G JOSEPH		6.2 NAME	[			
STREET ADDRESS	1459 TYRELL LANE SUITE B			T ADDRESS			
CITY-ST-ZIP	BOISE ID	ith this filing is voluntarily furnic	64 CITY -		y for the exemption stated in Section 119.0	07/3Vk) Florida Statutos	Lfurther
certify that oath; that	t the information indicated on this annua	al report or supplemental annuation or the receiver or trustee	al report is tr empowered	ue and accu	urate and that my signature shall have the this report as required by Chapter 617, Fig.	same legal effect as if ma	ade under

SIGNATURE:

Daylime Phone #