

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P33080** (3)  
1. Corporation Name  
**APPRAISAL INSTITUTE, INC.**



Principal Place of Business: **875 MICHIGAN AVENUE 2400 CHICAGO IL 60611**  
Mailing Address: **875 MICHIGAN AVENUE 2400 CHICAGO IL 60611**

3. Date Incorporated or Qualified: **03/08/1991**  
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>36-3739643</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SORENSEN, RICHARD C</b>			1.2 NAME	<b>C. Spencer Powell</b>		
STREET ADDRESS	<b>875 N MICHIGAN AVE 2400</b>			1.3 STREET ADDRESS	<b>875 N. Michigan Ave., Suite 2400</b>		
CITY-ST-ZIP	<b>CHICAGO IL</b>			1.4 CITY-ST-ZIP	<b>Chicago, IL 60611</b>		
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>vt</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>NICHOLSON, KENNETH</b>			2.2 NAME	<b>Joseph R. Stanfield</b>		
STREET ADDRESS	<b>875 N MICHIGAN AVE 2400</b>			2.3 STREET ADDRESS	<b>875 N. Michigan Ave., #2400</b>		
CITY-ST-ZIP	<b>CHICAGO IL</b>			2.4 CITY-ST-ZIP	<b>Chicago, IL 60611</b>		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KINNEY, FRANK R.</b>			3.2 NAME			
STREET ADDRESS	<b>875 N MICHIGAN AVE 2400</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CHICAGO IL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MATTEWS, C DAVID</b>			4.2 NAME			
STREET ADDRESS	<b>123 N W 4TH ST SUITE 117</b>			4.3 STREET ADDRESS	<b>SUITE 711</b>		
CITY-ST-ZIP	<b>EVANSVILLE IN</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLMETTE, BRUCE R</b>			5.2 NAME			
STREET ADDRESS	<b>2027 GRAND CANAL BLVD SUITE 33</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>STOCKTON CA</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CORLETT, G JOSEPH</b>			6.2 NAME			
STREET ADDRESS	<b>1459 TYRELL LANE SUITE B</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BOISE ID</b>			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Kinney Frank Kinney 5.7.96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)