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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 60611-1802

3. Date Incorporated or Qualified: 03/08/1991
3a. Date of Last Report: 05/14/1996

2. Principal Place of Business (21) Suite, Apt #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 36-3739643
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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	P C. SPENCER POWELL 875 N. MICHIGAN AVENUE, SUITE 2400 CHICAGO IL	1.1 TITLE	P Kenneth L. Nicholson 875 N. Michigan Avenue, Suite 2400 Chicago, IL 60611
NAME	VT JOSEPH R. STANFIELD 875 N. MICHIGAN AVENUE, SUITE 2400 CHICAGO IL	1.2 NAME	V/T Bert L. Thornton 875 N. Michigan Avenue, Suite 2400
STREET ADDRESS	S KINNEY, FRANK R. 875 N MICHIGAN AVE 2400 CHICAGO IL	1.3 STREET ADDRESS	3.1 TITLE
CITY-ST-ZIP	D MATTEWS, C DAVID 123 NW 4TH STREET, SUITE 711 EVANSVILLE IN	2.1 TITLE	3.2 NAME
TITLE	D WILLMETTE, BRUCE R 2027 GRAND CANAL BLVD SUITE 33 STOCKTON CA	2.2 NAME	3.3 STREET ADDRESS
NAME	D CORLETT, G JOSEPH 1459 TYRELL LANE SUITE B BOISE ID	2.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	4.1 TITLE	2.4 CITY-ST-ZIP	D Klaas Bos 505 E. Colorado Blvd., Ste. 200 Pasadena, CA 91101
CITY-ST-ZIP	5.1 TITLE	3.1 TITLE	D Alan E. Hummel 812 Ashworth Rd. West Des Moines, IA 50265-3618
TITLE	6.1 TITLE	3.2 NAME	D Woodward S. Hanson 2233 Second St. Fy. Myers, FL 33901-3051
NAME	6.2 NAME	3.3 STREET ADDRESS	
STREET ADDRESS	6.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* SIGNATURE REQUIRED
Date: 4/30/97 Daytime Phone #: (312) 335-4115

CR2E037 (9/96)