

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90117 013 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P33080**

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/08/1991	4. FEI Number 36-3739643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

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 FL 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANFIELD, JOSEPH R	1.2 NAME	Bert Thornton
STREET ADDRESS	875 N MICHIGAN AVENUE, STE 2400	1.3 STREET ADDRESS	875 N. Michigan Ave, Ste 2400
CITY-ST-ZIP	CHICAGO IL 60611	1.4 CITY-ST-ZIP	Chicago, IL 60611
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, JOHN W	2.2 NAME	
STREET ADDRESS	875 N MICHIGAN AVENUE, STE 2400	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAAS, BOS	3.2 NAME	
STREET ADDRESS	505 E COLORADO BLVD STE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMMEL, ALAN E	4.2 NAME	
STREET ADDRESS	812 ASHWORTH RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	W DES MOINES IA	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, WOODWARD S	5.2 NAME	
STREET ADDRESS	2233 SECOND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, J PHILIP	6.2 NAME	
STREET ADDRESS	875 N MICHIGAN AVENUE, STE 2400	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *John W. Ross* **REQUIRED** W. Ross 3/8/99 312-335-4110  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/1/98)