

# UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90082 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P33080**

1. Entity Name  
**APPRAISAL INSTITUTE, INC.**

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

Mailing Address: **875 MICHIGAN AVENUE 2400 CHICAGO IL 60611-1877**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **36-3739643**

Applied For:  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**UNITED STATES CORPORATION COMPANY**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>THORNTON, BERT</b>	
STREET ADDRESS	<b>875 N MICHIGAN AVENUE, STE 2400</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60611</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ROSS, JOHN W</b>	
STREET ADDRESS	<b>875 N MICHIGAN AVENUE, STE 2400</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60611</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLAAS, BOS</b>	
STREET ADDRESS	<b>505 E COLORADO BLVD STE 200</b>	
CITY-ST-ZIP	<b>PASADENA CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUMMEL, ALAN E</b>	
STREET ADDRESS	<b>812 ASHWORTH RD</b>	
CITY-ST-ZIP	<b>W DES MOINES IA</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>HANSON, WOODWARD S</b>	
STREET ADDRESS	<b>2233 SECOND ST</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COOK, J PHILIP</b>	
STREET ADDRESS	<b>875 N MICHIGAN AVENUE, STE 2400</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60611</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** **03/01/00** **(312)- 335-4110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)