

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000006660

1. Entity Name
RREEF AMERICA REIT II CORP. T



Principal Place of Business
875 NORTH MICHIGAN AVENUE
SUITE 4100
CHICAGO, IL 60611-1910

Mailing Address
875 NORTH MICHIGAN AVENUE
SUITE 4100
CHICAGO, IL 60611-1910



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4404777

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000229666
02/15/05 00000 000 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KING, DONALD A JR.
STREET ADDRESS 875 N MICHIAN AVENUE, 41ST FLOOR
CITY-ST-ZIP CHICAGO, IL 606111901

TITLE VP
NAME COOK, ROBERT J
STREET ADDRESS 875 N MICHIAN AVENUE, 41ST FLOOR
CITY-ST-ZIP CHICAGO, IL 606111901

TITLE VP
NAME KACHADURIAN, GARY T
STREET ADDRESS 875 N MICHIAN AVENUE, 41ST FLOOR
CITY-ST-ZIP CHICAGO, IL 606111901

TITLE S
NAME FERKULL, PAULA M
STREET ADDRESS 875 N MICHIAN AVENUE, 41ST FLOOR
CITY-ST-ZIP CHICAGO, IL 606111901

TITLE T
NAME CASELLINI, MARLENA M
STREET ADDRESS 101 CALIFORNIA STREET 16 FLOOR
CITY-ST-ZIP SAN FRANCISCO, CA 941115853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula M. Ferkull, Secretary 1/24/05 312-266-9300

Date

Daytime Phone #