"2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 13, 2001 8:00 am Secretary of State DOCUMENT # F0000006727 RREEF AMERICA REIT II CORP. S 02-27-2001 90329 043 ***150.00 Mailing Address Principal Place of Business 875 NORTH MICHIGAN AVE., 41ST FLOOR 875 NORTH MICHIGAN AVE., 41ST FLOOR CHICAGO IL 60611-1901 CHICAGO IL 60611-1901 30633 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 36-4405555 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City FL 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) Signature, typed or printed name of registered agent and title # applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition CR2E034 (10/00 Change Delete TITLE NAME NAME KING, DONALD A JR. STREET ADDRESS STREET ADORESS 1430 NORTH LAKE SHORE DRIVE CITY_ST-7IP CITY-ST-ZIP CHICAGO IL 60610 ☐ Change ☐ Addition Deleta TITLE COOK, ROBERT J NAME NAME STREET ADDRESS STREET ADDRESS 1473 CANTIGNY WAY CITY-ST-ZIP CITY-ST-ZIP WHEATON IL 60187 ☐ Addition ☐ Chance Delete TITLE TITLE NAME NAME GONZALEZ, TIMOTHY K STREET ACORESS STREET ADDRESS 2060 ALAMEDA DIABLO CITY-ST-ZIP CITY-ST-ZIP DIABLO CA 94528 ☐ Change Addition Defete TITLE TITLE NAME HAMOR, ROBERT H NAME STREET ADDRESS STREET ADDRESS 101 CALIFORNIA STREET, 26TH FLOOR CITY-ST-ZIP CITY-ST-ZIP <u>SAN FRANCISCO CA 94111</u> X Delete TITLE TITLE Paula M. Ferkull NAME NAME KACHADURIAN, GARY T 875 N. Michigan Ave., 41st F1. STREET ADORESS STREET ADDRESS 12 SOUTH COUNTY LINE ROAD CITY-ST-ZIP Chicago, IL 60611-1901 CITY-ST-ZIP HINSDALE IL 60521 ☐ Change TITLE TITLE Delete NAME NAME STEPPE, STEPHEN M STREET ADDRESS STREET ADDRESS 745 CHILTERN ROAD CITY-SI-7IP HILLSBOROUGH CA 94010 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. 312-266-9300

2/27

FILED

Paula M. Ferkull, Secretary/Treasurer 2/5/01

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