2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006727

Address:

City-St-Zip:

101 CALIFORNIA ST 26TH FL

SAN FRANCISCO, CA 941115853

Entity Name: RREEF AMERICA REIT II CORP. S

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
STE 4100	ГН MICHIGAN . Э, IL 60611190 [.]			
Current Mailing Address:			New Mailing Address:	
STE 4100	ГН MICHIGAN .), IL 60611190 [.]			
FEI Number	: 36-4405555	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
1200 SOU PLANTAT The above	PORATION SY: ITH PINE ISLA ION, FL 33324 e named entity : e of Florida.	ND ROAD US	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RF.			
01011/1101		nic Signature of Registered Age	ent	 Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	GONZALEZ, TII	CHIGAN AVE 41ST FL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	COOK, ROBER	CHIGAN AVE 41ST FL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MELKUS, PAUL	CHIGAN AVE 41ST FL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MCCLINTOCK,	AN AVE 41ST FL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	T () CASELLINI, MA	Delete RLENA M	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SUSAN E MCCLINTOCK VPS 01/20/2009