

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90067 036 ***150.00

DOCUMENT # F01000002095

1. Entity Name
RREEF AMERICA REIT II CORP. U



Principal Place of Business
875 NORTH MICHIGAN AVE., SUITE 4100
CHICAGO, IL 60611

Mailing Address
875 NORTH MICHIGAN AVE., SUITE 4100
CHICAGO, IL 60611

40044000



01242007 Chg-P CR2E034 (12/06)

4. FEI Number
36-4437024

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEX, TIMOTHY K	
STREET ADDRESS	875 N. MICHIGAN AVENUE -41ST FLOOR	
CITY - ST - ZIP	CHICAGO, IL 60611	
TITLE	V	<input type="checkbox"/> Delete
NAME	COOK, ROBERT J	
STREET ADDRESS	875 N. MICHIGAN AVENUE -41ST FLOOR	
CITY - ST - ZIP	CHICAGO, IL 60611	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MELKUS, PAUL A	
STREET ADDRESS	875 N. MICHIGAN AVENUE -41ST FLOOR	
CITY - ST - ZIP	CHICAGO, IL 60611	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEPPE, STEPHEN M	
STREET ADDRESS	875 N. MICHIGAN AVENUE -41ST FLOOR	
CITY - ST - ZIP	CHICAGO, IL 60611	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASELLINI, MARLENA M	
STREET ADDRESS	101 CALIFORNIA STREET, 26 FLOOR	
CITY - ST - ZIP	SAN FRANCISCO, CA 94111	
TITLE	AVPS	<input type="checkbox"/> Delete
NAME	MCCLINTOCK, SUSAN E	
STREET ADDRESS	875 N. MICHIGAN AVE, 41ST FLOOR	
CITY - ST - ZIP	CHICAGO, IL 606111901	

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	VP & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McClintock, Susan E.	
STREET ADDRESS	875 N. Michigan Ave., 41st Flr.	
CITY - ST - ZIP	Chicago, IL 60611-1901	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Susan E. McClintock Susan E. McClintock, VP & Sec. 1/24/2007 312-266-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date