

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007762

FILED
Jan 24, 2012
Secretary of State

Entity Name: RREEF AMERICA REIT III CORP.NN

Current Principal Place of Business:

875 N MICHIGAN AVENUE, 41ST FLOOR
CHICAGO, IL 606111901

New Principal Place of Business:

Current Mailing Address:

875 N MICHIGAN AVENUE, 41ST FLOOR
CHICAGO, IL 606111901

New Mailing Address:

FEI Number: 20-8044251 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: GONZALEZ, TIMOTHY K
Address: 101 CALIFORNIA STREET, 26TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 941115853

Title: S
Name: GUERIN, PORTIA
Address: 875 NORTH MICHIGAN AVENUE, 41ST FLOOR
City-St-Zip: CHICAGO, IL 606111901

Title: AVT
Name: CASELLINI, MARLENA M
Address: 101 CALIFORNIA STREET, 26TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 941115853

Title: AV
Name: BLAISING, ANGELA C
Address: 875 N MICHIGAN AVENUE, 41ST FLOOR
City-St-Zip: CHICAGO, IL 606111901

Title: AS
Name: BAND, KIMBERLY M
Address: 875 NORTH MICHIGAN AVENUE, 41ST FLOOR
City-St-Zip: CHICAGO, IL 606111901

I hereby 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 all other like empowered.

SIGNATURE: /S/ KIMBERLY M. BAND

AS

01/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date