Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No

☐ Yes

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700001111

RREEF AMERICA REIT CORP. P						
Principal Place of Business Mailing Address 875 N. MICHIGAN AVE., 41ST FLOOR 875 N. MICHIGAN AVE., 41ST FLOOR						
CHICAGO IL 60611	CHICAGO IL 60611			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 03/04/1997	
2. Principal Place of Business	2a. Mailing Address				4. FEI Number 36-4137182	
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution \$5	
Zip Country		Count	ry		8. This corporation owes the current year Intangible Personal Property Tax.	
25 29 30 30		T	_		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROA		L	31	Name Street Add	ress (P.O. Box Number is Not Acceptable)	

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90146 014 ***150.00

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24	[25] [29]	stored Agent			10. Name and Address of New Registered Agent	!
	9 Name and Address of Current Regis	stereo Agent	81	Name		
C T CORPORATION SYSTEM					O. D. N. who is Not Assentable)	\dashv
	SOUTH PINE ISLAND ROAD		82	Street A	Address (P.O. Box Number is Not Acceptable)	
	TATION FL 33324		83			
FLAN	INTON I C 30024		35		85 Zip Code	
			84	City	FL 85 Zip Code	
					the surpose of changing its registered	
11. Pursuant t	to the provisions of Sections 607.0502 and	507,1508, Fiorida Statutes ida, Such change was aut	the above horized by	the corpo	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	
office or re agent. I ar	egistered agent, or both, in the State of Flor m familiar with, and accept the obligations o	f, Section 607.0505, Florid	ia Statutes			- 1
SIGNATURE					DATE CONTROL OF THE C	
SIGNATURE	Signature, typed or printed name of registered agent and title		13.	nt signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND DIR	ECTORS	1.1 TITLE		☐ Change ☐ Addi	tion
TITLE	PD	☐ here≀e		!		ļ
NAME	KING, DONALD A JR	^	1.2 NAME	T &DDDCCC		
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FLOO	H		TADDRESS		
CITY-ST-ZIP	CHICAGO IL 60611	Cociete	1.4 CITY-S	1-ZiP	Change Add	ition
TITLE	VAS	☐ DELETE	2.1 TITLE			
NAME	EGAN, GERALD E JR	_	22 NAME			
STREET ADDRESS		R		T ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60611		2. 4 CITY-	ST-ZIP	- Change Add	ition
TITLE	V	☐ DELETE	3.1 TITLE	_		
NAME	MCINTOSH, FREDERICK J		3.2 NAME			
STREET ADDRESS	101 CALIFORNIA STR, 26TH FLOOF			T ADDRESS		
CITY-ST-ZIP	SAN FRANISCO CA 94111-5853		3.4. CITY-	ST-ZIP	☐ Change ☐ Add	dition
TITLE	V	☐ DELETE	4.1 TITLE			
NAME	DEMAY, TRACY L		4, 2 NAME			
STREET ADDRESS	101 CALIFORNIA ST., 26TH FLOOR		4.3 STREE	ET ADDRESS	6	
CITY-ST-ZIP	SAN FRANCISCO CA 94111-5853		4.4 CITY-		Change Add	dition
TITLE	V	☐ DELETE	5.1 TITLÉ			
NAME	HAMOR, ROBERT H		5.2 NAME			
STREET ADDRESS	55 E. 52ND ST., 31ST FLOOR			ET ADDRESS	5	
CITY-ST-ZIP	NEW YORK NY 10055-3198		5.4 CITY-		. ☐ Change . ☐ Ad	dition
TITLE	V	☐ DELETE	6.1 TITLE			
NAME	KING, JAMES D		6.2 NAME			
STREET ADDRESS	ATE AL MICHICANI AVE. AIST ELO	OR	6.3 STRE	ET ADDRESS	S	
			6.4 CITY	ST-ZIP	Statutes further certify that the information	on
14. I hereby	certify that the information supplied with the	s filing does not qualify for	the exemp	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

I nereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. with all other like empowered. Paula M. Ferkull,

SIGNATURE:

Treasurer/Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

(312) 266-9300