

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State
 02-16-2001 90012 018 ***150.00

0567865

DOCUMENT # F97000001111

1. Entity Name

RREEF AMERICA REIT CORP. P

Principal Place of Business

**875 N. MICHIGAN AVE., 41ST FLOOR
 CHICAGO IL 60611**

Mailing Address

**875 N. MICHIGAN AVE., 41ST FLOOR
 CHICAGO IL 60611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4137182

Applied For

Not Applicable

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KING, DONALD A JR	
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FLOOR	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	EGAN, GERALD E JR	
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FLOOR	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCINTOSH, FREDERICK H	
STREET ADDRESS	101-CALIFORNIA STR, 26TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111-5853	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DEMAI, TRACY L	
STREET ADDRESS	101 CALIFORNIA ST., 26TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111-5853	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAMOR, ROBERT H	
STREET ADDRESS	55 E. 52ND ST., 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10055-3198	
TITLE	V	<input type="checkbox"/> Delete
NAME	KING, JAMES D	
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FLOOR	
CITY-ST-ZIP	CHICAGO IL 60611	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Paula M. Ferkull	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer/Secretary	
STREET ADDRESS	875 N. Michigan Ave., 41st Floor	
CITY-ST-ZIP	Chicago, Illinois 60611	
TITLE	Robert J. Cook,	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	875 N. Michigan Ave., 41st Floor	
STREET ADDRESS	Chicago, Illinois 60611	
CITY-ST-ZIP	Vice President	
TITLE	Stephen M. Steppe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President	
STREET ADDRESS	875 N. Michigan Ave., 41st Floor	
CITY-ST-ZIP	Chicago, Illinois 60611	
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		

13. 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.

SIGNATURE:

Paula M. Ferkull

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula M. Ferkull January 29, 2001
 Treasurer/Secretary (312) 266-9300

Date

Daytime Phone #

CR2E034 (10/00)