

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90320 006 ***150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4137182

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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 ☐ Delete
PD
NAME **KING, DONALD A JR**
STREET ADDRESS **875 N. MICHIGAN AVE., 41ST FLOOR**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
ST
NAME **FERKULL, PAULA M.**
STREET ADDRESS **875 NORTH MICHIGAN AVENUE 41ST FLOOR**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
VP
NAME **COOK, ROBERT J.**
STREET ADDRESS **875 N. MICHIGAN AVE, 41ST FLOOR**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
VP
NAME **STEPPE, STEPHEN**
STREET ADDRESS **875 N. MICHIGAN AVE. 41ST FLOOR**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
V
NAME **HAMOR, ROBERT H**
STREET ADDRESS **55 E. 52ND ST., 31ST FLOOR**
CITY-ST-ZIP **NEW YORK NY 10055-3198**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Stephen T. Burger**
CITY-ST-ZIP **320 Park Avenue, Suite 1700**
New York, NY 10022

TITLE ☒ Delete
V
NAME **KING, JAMES D**
STREET ADDRESS **875 N. MICHIGAN AVE., 41ST FLOOR**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Gary T. Kachadurian**
CITY-ST-ZIP **875 N. Michigan Ave., 41st Fl, Chgo IL**
60611

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, Treas/Secty. 04-12-02

Date

Daytime Phone #

312-266-9300

CR2E034 (9/01)