

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90999 001 ***300.00

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



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**

☐ CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE VP ☐ Delete
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 VP ☐ Delete
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 V ☐ Delete
NAME BURGER, STEPHEN T
STREET ADDRESS 320 PARK AVENUE STE 1700
CITY-ST-ZIP NEW YORK NY 10022

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

TITLE V ☒ Delete
NAME KACHADURIAN, GARY T
STREET ADDRESS 875 N. MICHIGAN AVE., 41ST FLOOR
CITY-ST-ZIP CHICAGO IL 60611

TITLE Treasurer ☐ Change ☒ Addition
NAME Marlena M. Casellini
STREET ADDRESS 101 California Street, 26 Fl.
CITY-ST-ZIP San Francisco, CA 94111-5853

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REQUIRED Paula M. Ferkull, Secretary 03-31-03 312-266-9300

CR2E034 (10/02)