

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90014 049 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000000829**
 1. Corporation Name

RREEF MANAGEMENT COMPANY

095093 - 90014 - 79



Principal Place of Business
 875 N. MICHIGAN AVE., 41ST FL
 CHICAGO IL 60611

Mailing Address
 875 N. MICHIGAN AVE., 41ST FL
 CHICAGO IL 60611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1998

4. FEI Number

58-2364503

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	EGAN, GERALD E	
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ALI, CHAIRMAINE H	
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BACKER, KEVIN	
STREET ADDRESS	3267 BEE CAVES RD., STE 118	
CITY-ST-ZIP	AUSTIN TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SCHMIDT, PAMELA	
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRAITMAN, BARRY H	
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BROCCOLO, PETR J	
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL	
CITY-ST-ZIP	CHICAGO IL	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donald A. King, Jr.	
1.3 STREET ADDRESS	875 North Michigan Avenue, 41st Floor	
1.4 CITY-ST-ZIP	Chicago, Illinois 60611-1901	
2.1 TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gary T. Kachadurian	
2.3 STREET ADDRESS	875 North Michigan Avenue, 41st Floor	
2.4 CITY-ST-ZIP	Chicago, Illinois 60611-1901	
3.1 TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert J. Cook	
3.3 STREET ADDRESS	875 North Michigan Avenue, 41st Floor	
3.4 CITY-ST-ZIP	Chicago, Illinois 60611-1901	
4.1 TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James D. King	
4.3 STREET ADDRESS	875 North Michigan Avenue, 41st Floor	
4.4 CITY-ST-ZIP	Chicago, Illinois 60611-1901	
5.1 TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Paula M. Ferkull	
5.3 STREET ADDRESS	875 North Michigan Avenue, 41st Floor	
5.4 CITY-ST-ZIP	Chicago, Illinois 60611-1901	
6.1 TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Gary L. Thompson	
6.3 STREET ADDRESS	875 North Michigan Avenue, 41st Floor	
6.4 CITY-ST-ZIP	Chicago, Illinois 60611-1901	

14. 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 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.

SIGNATURE: *Paula M. Ferkull* July 7, 1999 (312) 266-9300
 Treasurer & Secretary

CR2E034 (5/99)