

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).

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

Principal Place of Business

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

Mailing Address

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

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

07-21-1999 90014 049 \*\*\*550.00

393093 - 90014 - 79



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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE P ☒ DELETE

NAME EGAN, GERALD E  
STREET ADDRESS 875 N. MICHIGAN AVE., 41ST FL  
CITY-ST-ZIP CHICAGO IL

TITLE V ☒ DELETE

NAME ALI, CHAIRMAINE H  
STREET ADDRESS 875 N. MICHIGAN AVE., 41ST FL  
CITY-ST-ZIP CHICAGO IL

TITLE V ☒ DELETE

NAME BACKER, KEVIN  
STREET ADDRESS 3267 BEE CAVES RD., STE 118  
CITY-ST-ZIP AUSTIN TX

TITLE V ☒ DELETE

NAME SCHMIDT, PAMELA  
STREET ADDRESS 875 N. MICHIGAN AVE., 41ST FL  
CITY-ST-ZIP CHICAGO IL

TITLE V ☒ DELETE

NAME BRAITMAN, BARRY H  
STREET ADDRESS 875 N. MICHIGAN AVE., 41ST FL  
CITY-ST-ZIP CHICAGO IL

TITLE V ☒ DELETE

NAME BROCCOLO, PETR J  
STREET ADDRESS 875 N. MICHIGAN AVE., 41ST FL  
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ 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 ☒ Change ☐ 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 ☒ Change ☐ 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 ☒ Change ☐ 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 ☒ Change ☐ 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 ☒ Change ☐ 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)(l), 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, V.P., C.F.O., C.O.O., Treas. July 7, 1999 (312) 266-9300  
& Secretary

CR2E034 (5/99)