

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90054 048 ***150.00

DOCUMENT # F98000000829

1. Entity 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 60611-1803
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DO NOT WRITE IN THIS SPACE

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 58-2364503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, JR, DONALD A 875 N. MICHIGAN AVE., 41ST FL CHICAGO IL 60611-1901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KACHADURIAN, GARY T 875 N. MICHIGAN AVE., 41ST FL CHICAGO IL 60611-1901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP COOK, ROBERT J 875 N MICHIGAN AVE 41ST FLOOR CHICAGO IL 60611-1901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KING, JAMES D 875 N. MICHIGAN AVE., 41ST FL CHICAGO IL 60611-1901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FERKULL, PAULA M 875 N. MICHIGAN AVE., 41ST FL CHICAGO IL 60611-1901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP THOMPSON, GARY L 875 N. MICHIGAN AVE., 41ST FL CHICAGO IL 60611-1901

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice Pres., Acquisitions <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice Pres., Portfolio Mgmt. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice Pres., Acquisitions <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller, Treas., Secy., CFO, and COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice Pres., Client Relations <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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* **Paula M. Ferkull**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Sr. V.P., CFO, COO,** **Treas., Secy.** **03-22-00** **(312) 266-9300**
Date Daytime Phone #

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CF 114-13111