

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

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



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2364503
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	MD
NAME	RASO, SOL A
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL
CITY-ST-ZIP	CHICAGO, IL 606111901
TITLE	MD
NAME	ROBERTSON, JOHN F
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL
CITY-ST-ZIP	CHICAGO, IL 606111901
TITLE	MD
NAME	WEAVER, DANIEL S
STREET ADDRESS	875 N MICHIGAN AVE 41ST FLOOR
CITY-ST-ZIP	CHICAGO, IL 606111901
TITLE	MD
NAME	GAYLORD, LAURA R
STREET ADDRESS	101 CALIFORNIA ST., STE 1600
CITY-ST-ZIP	SAN FRANCISCO, CA 94111
TITLE	GCOO
NAME	FERKULL, PAULA M
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL
CITY-ST-ZIP	CHICAGO, IL 606111901
TITLE	MD
NAME	COOK, ROBERT J
STREET ADDRESS	875 N MICHIGAN AVE, 41ST FL
CITY-ST-ZIP	CHICAGO, IL 606111901

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02/23/05-80021-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robert J. Cook

2/2/05

312-266-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #