


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

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

000000240206  
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 Robert J. Cook 2/2/05 312-266-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #