


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90046 038 ***150.00

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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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01032008 Chg-P CR2E034 (12/06)

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**

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. 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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	MD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RASO, SOL A			NAME			
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 606111901			CITY-ST-ZIP			
TITLE	MD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTSON, JOHN F			NAME			
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 606111901			CITY-ST-ZIP			
TITLE	MD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEAVER, DANIEL S			NAME			
STREET ADDRESS	875 N MICHIGAN AVE 41ST FLOOR			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 606111901			CITY-ST-ZIP			
TITLE	MD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAYLORD, LAURA R			NAME			
STREET ADDRESS	101 CALIFORNIA ST., STE 1600			STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO, CA 94111			CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLINTOCK, SUSAN E			NAME			
STREET ADDRESS	875 NORTH MICHIGAN AVE 41ST FLOOR			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60611			CITY-ST-ZIP			
TITLE	MD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, ROBERT J			NAME			
STREET ADDRESS	875 N MICHIGAN AVE, 41ST FL			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 606111901			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Susan McClintock* **SUSAN E. MCCLINTOCK, VP & SEC., 01/04/08, 312/266-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #