## FOR PROFIT CGRPORATION **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

## **FILED** May 13, 2002 8:00 am Secretary of State

1. Entity Nar	RREEF America RE		<b>\</b> .		05-13-20	02 90161 (	)29 ***150.00	
	DO NOT WRITE	*	PACE		654972			
			uite 4100	nue	DO NOT WRITE IN THIS SPACE			
	te go, Illinois	City & State Chicago	, IL	4.	FEI Number 36-42878	91	Applied For Not Applicable	
Zip 606	611-1901 Country U.S.A.	60611 <b>-</b> 1901	Country U.:	S.A. 5.	Certificate of Status Desired		8.75 Additional ee Required	
				7. Na	ime and Address of Current	Registered A	igent	
	DO NOT WI		Name Street A	ddress (P.O. E	Ox Number is Not Acceptable	2)		
	IN THIS SP	ACE		<del></del>				
			City	•		FL.	Zip Code	
SIGNATURE .	named entity submits this statement for Signature, typed or printed name of registered agent an	d tide if applicable. (NOTE:	Registered Agent signali.	ire required when re		orida. Date		
Tax filing r (See criter	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May Amended Make Check Payabl	ay 1 Fee is \$150 , Fee is \$550:00 UBR is \$61:25 e to Department		10. Election Campaign Fin Trust Fund Contributio		\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	RECTORS	3.4				,	
IIILE	President and Direct	or	TITLE	1.			·	
NAME	Donald A. King, Jr.		NAME		•		2	
STREET ADDRESS	875 North Michigan A	venue, 41st Fl	OF TREET ADDRESS					
CITY - ST - ZIP	Chicago, Illinois 60	611-1901	CITY-ST-ZIP				5	
TITLE	Vice President		TITLE					
Robert J. Cook			NAME				.   5	
SIRELADORESS 875 N. Michigan Ave. 41st F1.			STREET ADDRESS		* * * * * * * * * * * * * * * * * * *			
Chicago, Illinois 60611-1901			CITY-ST-ZIP					
TITLE	Vice President		TITLE 🛊 🖒	1		., -	4	
Cory T Vachadurian			NAMÉ .			• • • • •		
STREET ADDRESS CITY-ST-ZIP	875 N. Michigan Ave.	. 41	STREET ADDRESS CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DO NOT	WRIT	F	
		-	■ UIIT-31-ZIF			W W   'L   2	- ·	

TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CHY-SI-ZIP

TITLE .

NAME

HILE

NAME

13. Thereby 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 on an analysis of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address

SIGNATURE:

CITY-ST-7IP

STMEET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

0117-51-219

NAME

THU

NAME

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer and Secretary

875 North Michigan Avenue, 41st Fl

Chicago, Illinois 60611-1901

Chicago, Ill. 60611

Paula M. Ferkull

Paula M. Ferkull, Treasurer/Secretary, 04-12-02

IN THIS SPACE

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9300