


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90028 011 ***150.00

DOCUMENT # F99000002034 1. Entity Name RREEF AMERICA REIT II CORP. C					
Principal Place of Business 875 NORTH MICHIGAN AVENUE SUITE 4100 CHICAGO, IL 60611			Mailing Address 875 NORTH MICHIGAN AVENUE SUITE 4100 CHICAGO, IL 60611		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 36-4287891	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KING, JR., DONALD A 875 NORTH MICHIGAN AVENUE, 41ST FLOOR CHICAGO, IL 606111901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gonzalez, Timothy K. - PD 875 N. Michigan Ave 41 st Flr. Chicago, IL 606111901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COOK, ROBERT J 875 NORTH MICHIGAN AVENUE, 41ST FLOOR CHICAGO, IL 606111901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Steppe, Stephen M. - VP 101 California Street, 26 th Floor San Francisco, CA 94111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KACHADURIAN, GARY T 875 NORTH MICHIGAN AVENUE, 41ST FLOOR CHICAGO, IL 606111901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	McClintock, Susan E. - AVP & S 875 N. Michigan Ave, 41 st Flr. Chicago, IL 606111901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERKULL, PAULA M 875 NORTH MICHIGAN AVENUE, 41ST FLOOR CHICAGO, IL 606111901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CASELLINI, MARLENA M 101 CALIFORNIA ST. 26 FLOOR SAN FRANCISCO, CA 941115853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT OZTURK, MELISSA K 875 NORTH MICHIGAN AVENUE 41ST FLOOR CHICAGO, IL 606111901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Susan E. McClintock</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					