

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03596 (4)

1. Corporation Name

RREEF MIDAMERICA/EAST-IV, INC.

FILED
95 JAN 25 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

650 CALIFORNIA ST
STE 1800
SAN FRANCISCO CA 94108
US

650 CALIFORNIA ST
STE #1800
SAN FRANCISCO CA 94010
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/04/1984** 3a. Date of Last Report **04/20/1994**

2. Principal Place of Business
21 **Not Applicable**

2a. Mailing Address
26 **Not Applicable**

4. FEI Number **94-2930699** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State

28 City & State

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

24 Zip Country 25

29 Zip Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name **Not Applicable**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Not Applicable**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AS
NAME	RUBIN, JOEL D
STREET ADDRESS	50 SOUTH LASALLE ST 2900
CITY-ST-ZIP	CHICAGO IL
TITLE	PD
NAME	KING, DONALD A JR
STREET ADDRESS	650 CALIFORNIA ST., STE 1800
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	VS
NAME	EGAN, GERALD E
STREET ADDRESS	875 N MICHIGAN AVE., STE 4114
CITY-ST-ZIP	CHICAGO IL
TITLE	T
NAME	FERKULL, PAULA M
STREET ADDRESS	875 N MICHIGAN AVE #4114
CITY-ST-ZIP	CHICAGO IL
TITLE	VD
NAME	GREIG, D. W
STREET ADDRESS	650 CALIFORNIA ST., STE 1800
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	DVS
NAME	STEPPE, STEPHEN M
STREET ADDRESS	650 CALIFORNIA ST #1800
CITY-ST-ZIP	SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	30 North LaSalle Str., Ste. 2900
1.4 CITY-ST-ZIP	Chicago, IL 60602
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	San Francisco, CA 94108
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VAS
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Chicago, IL 60611
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Chicago, IL 60611
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D. Wylie Greig
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	San Francisco, CA 94108
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	San Francisco, CA 94108

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE:

Paula M. Ferkull
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 13, 1995 (312)266-9300

Paula M. Ferkull, Treasurer

**ATTACHMENT TO
1995 FLORIDA CORPORATION ANNUAL REPORT FOR
RREEF MIDAMERICA/EAST-IV, INC.**

Additional Director

James D. King 875 North Michigan Avenue, Suite 4114, Chicago, IL 60611

Additional Officers

V	John R. Bellack	650 California Street, Suite 1800, San Francisco, CA 94108
V	Patrick J. Callan	55 East 52nd Street, 31st Floor, New York, NY 10055
V	Martin L. Cannon II	650 California Street, Suite 1800, San Francisco, CA 94108
V	Thomas A. Caputo	55 East 52nd Street, 31st Floor, New York, NY 10055
V	Robert J. Cook	875 North Michigan Avenue, Suite 4114, Chicago, IL 60611
V	James B. Gurley, Jr.	55 East 52nd Street, 31st Floor, New York, NY 10055
V	James D. King	875 North Michigan Avenue, Suite 4114, Chicago, IL 60611
V	Robert J. Navratil	875 North Michigan Avenue, Suite 4114, Chicago, IL 60611