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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90089 035 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P03596**

1. Corporation Name  
**RREEF MIDAMERICA/EAST-IV, INC.**



Principal Place of Business 101 CALIFORNIA ST 26TH FLOOR SAN FRANCISCO CA 94111-853 US	Mailing Address 101 CALIFORNIA ST 26TH FLOOR SAN FRANCISCO CA 94111-853 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

3. Date Incorporated or Qualified <b>10/04/1984</b>	
4. FEI Number <b>94-2930699</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BONEHAM, PAMELA S	
STREET ADDRESS	875 N MICHIGAN AVE, 41ST FLOOR	
CITY-ST-ZIP	CHICAGO IL 60611-1901	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KING, DONALD A JR	
STREET ADDRESS	875 N MICHIGAN AVE, 41ST FLOOR	
CITY-ST-ZIP	CHICAGO IL 60611-1901	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	EGAN, GERALD E	
STREET ADDRESS	875 N MICHIGAN AVE, 41ST FLOOR	
CITY-ST-ZIP	CHICAGO IL 60611-1901	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	FERKULL, PAULA M	
STREET ADDRESS	875 N MICHIGAN AVE, 41ST FLOOR	
CITY-ST-ZIP	CHICAGO IL 60611-1901	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREIG, D. WYLIE	
STREET ADDRESS	101 CALIFORNIA ST 26TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111-5853	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	STEPPE, STEPHEN M	
STREET ADDRESS	101 CALIFORNIA ST 26TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111-853	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paula M. Ferkull* **Paula M. Ferkull,** 1/6/99 (312) 266-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)