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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P11542

(8)

1. Corporation Name
RREEF MANAGEMENT COMPANY

Principal Place of Business
650 CALIFORNIA STREET
SUITE 1800
SAN FRANCISCO CA 94108

Mailing Address
650 CALIFORNIA STREET
SUITE 1800
SAN FRANCISCO CA 94108-2722



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 101 California Street		26 101 California Street		09/24/1986		03/13/1996	
22 Suite, Apt. #, etc. 26th Floor		27 Suite, Apt. #, etc. 26th Floor		4. FEI Number 94-2946413		Applied For Not Applicable	
23 City & State San Francisco, California		28 City & State San Francisco, California		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 94111-5853		29 Zip 94111-5853		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Country U.S.A.		30 Country U.S.A.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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	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
(NOTE: Registered Agent signature required when reinstating.) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPPE, STEVEN M	1.2 NAME	
STREET ADDRESS	650 CALIFORNIA ST. #1800	1.3 STREET ADDRESS	101 California Street, 26th Floor
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	San Francisco, CA 94111-5853
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVRAIL, ROBERT J	2.2 NAME	
STREET ADDRESS	875 N MICHIGAN AVE STE 4114	2.3 STREET ADDRESS	41st Floor
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	60611
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAN, PATRICK J.	3.2 NAME	
STREET ADDRESS	55 EAST 52ND STREET 31ST FL	3.3 STREET ADDRESS	10055-3198
CITY-ST-ZIP	NY NY	3.4 CITY-ST-ZIP	
TITLE	VST	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERKULL, PAULA M	4.2 NAME	
STREET ADDRESS	875 N MICHIGAN AVE STE 4114	4.3 STREET ADDRESS	41st Floor
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	60611
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, MARTIN L. II	5.2 NAME	
STREET ADDRESS	650 CALIFORNIA ST. #1800	5.3 STREET ADDRESS	101 California Street, 26th Floor
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP	San Francisco, CA 94111-5853
TITLE	PD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, GERALD E.	6.2 NAME	
STREET ADDRESS	875 MICHIGAN AVE STE 4114	6.3 STREET ADDRESS	41st Floor
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	60611

14. I do 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 included 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, unchanged, or on an attachment with an address.

SIGNATURE: *Paula M. Ferkul*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 1997 (312)266-9300

Date Daytime Phone #

CR2E034 (9/96)

**ATTACHMENT TO
ANNUAL REPORT FOR
RREEF MANAGEMENT COMPANY**

Officers (continued)

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