

**20Q1 UNIFORM BUSINESS REPORT (UBR)**

2/27

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90329 043 \*\*\*150.00

**DOCUMENT # F00000006727**

1. Entity Name

**RREEF AMERICA REIT II CORP. S**

Principal Place of Business

Mailing Address

875 NORTH MICHIGAN AVE., 41ST FLOOR  
 CHICAGO IL 60611-1901

875 NORTH MICHIGAN AVE., 41ST FLOOR  
 CHICAGO IL 60611-1901

30633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>36-4405555</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>C T CORPORATION SYSTEM</b> 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, DONALD A JR.		NAME		
STREET ADDRESS	1430 NORTH LAKE SHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60610		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, ROBERT J		NAME		
STREET ADDRESS	1473 CANTIGNY WAY		STREET ADDRESS		
CITY-ST-ZIP	WHEATON IL 60187		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, TIMOTHY K		NAME		
STREET ADDRESS	2060 ALAMEDA DIABLO		STREET ADDRESS		
CITY-ST-ZIP	DIABLO CA 94528		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMOR, ROBERT H		NAME		
STREET ADDRESS	101 CALIFORNIA STREET, 28TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94111		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KACHADURIAN, GARY T		NAME	Paula M. Ferkull	
STREET ADDRESS	12 SOUTH COUNTY LINE ROAD		STREET ADDRESS	875 N. Michigan Ave., 41st Fl.	
CITY-ST-ZIP	HINSDALE IL 60521		CITY-ST-ZIP	Chicago, IL 60611-1901	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPPE, STEPHEN M		NAME		
STREET ADDRESS	745 CHILTERN ROAD		STREET ADDRESS		
CITY-ST-ZIP	HILLSBOROUGH CA 94010		CITY-ST-ZIP		

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula M. Ferkull Paula M. Ferkull, Secretary/Treasurer 2/5/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)