

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006727

FILED  
Jan 15, 2010  
Secretary of State

Entity Name: RREEF AMERICA REIT II CORP. S

**Current Principal Place of Business:**

875 NORTH MICHIGAN AVE.  
STE 4100  
CHICAGO, IL 606111901

**New Principal Place of Business:**

**Current Mailing Address:**

875 NORTH MICHIGAN AVE.  
STE 4100  
CHICAGO, IL 606111901

**New Mailing Address:**

FEI Number: 36-4405555      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GONZALEZ, TIMOTHY K  
Address: 101 CALIFORNIA STREET, 26TH FLOOR  
City-St-Zip: SAN FRANCISCO, CA 941115853

Title: VS  
Name: ACKERMAN, JULIE M H  
Address: 875 NORTH MICHIGAN AVE 41ST FL  
City-St-Zip: CHICAGO, IL 606111901

Title: AS  
Name: BAND, KIMBERLY M  
Address: 875 N. MICHIGAN AVE 41ST FL  
City-St-Zip: CHICAGO, IL 606111901

Title: VT  
Name: CASELLINI, MARLENA M  
Address: 101 CALIFORNIA ST 26TH FL  
City-St-Zip: SAN FRANCISCO, CA 941115853

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: /S/ KIMBERLY M. BAND

AS

01/15/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date