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SUBMIT IN DUPLICATE!



LPR304/04/01:01:9191: 75.00 CK01
S05IL S017718 FILED 902

File # S017718
Assigned by
Secretary of State

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

APPLICATION FOR ADMISSION
TO TRANSACT BUSINESS
(foreign limited partnership)

- Limited partnership's name: JAMES STYLIADES, L.P.
- The address, including county, of the office at which records required by Section 104 are to be kept is: (P.O. Box alone & c/o are unacceptable:)
120 S. LASALLE STREET, CHICAGO, ILLINOIS 60603
- Federal Employer Identification Number (F.E.I.N.): PENDING
- The limited partnership was formed in the jurisdiction of: DELAWARE
on: December 29, 2000 and validly exists there as a limited partnership on this file date.
- Admitting name, if any, under which the limited partnership will transact business in Illinois:
JAMES STYLIADES, L.P.

6. An application to adopt an assumed name, form LP 108, is attached Yes No

7. The limited partnership's registered agent's name and registered office address is:
Registered agent:
First name ROBERT Middle name T. Last name NAPIER
Registered Office: (P.O. Box alone and c/o are unacceptable)
Number 208 Street SOUTH LASALLE ST. Suite # 2070
City CHICAGO County COOK State Illinois Zip Code 60604

8. The undersigned agree(s) to keep the records detailed in Number 2 until the limited partnership's registration in this state is cancelled.



DECEMBER 31, 2049

LPR304/04/01:01:9191: 75.00 CK01
SOSIL 5017718 FILED 902

9. Dissolution date: Perpetual or _____
(month, day, year)

10. The Illinois Secretary of State is hereby appointed the agent of the limited partnership for service of process under the circumstances set forth in Section 909(b) of RULPA.

NAME(S) & BUSINESS ADDRESS(ES) OF ALL GENERAL PARTNER(S)

AMERICAN NATIONAL BANK AND TRUST CO., OF CHICAGO,

General Partner's name TRUSTEE OF THE THOMAS 2000 IRREVOCABLE TRUST

Number/Street 120 S. LASALLE STREET

City/Town CHICAGO

State ILLINOIS Zip Code 60603

General Partner's name _____

Number/Street _____

City/Town _____

State _____ Zip Code _____

General Partner's name _____

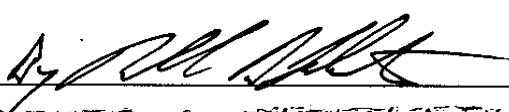
Number/Street _____

City/Town _____

State _____ Zip Code _____

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original application to transact business must be signed by at least one general partner.

Signature 

Type or print name and title Michael D. Lahti, Vice President & Trust Officer

Name of General Partner if a corporation or other entity AMERICAN NATIONAL BANK AND TRUST CO., OF CHICAGO, TRUSTEE OF THE THOMAS 2000 IRREVOCABLE TRUST

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

FORMS OF PAYMENT:

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

DO NOT SEND CASH!

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960