

00268807

Form CP-207  
(Rev. Jan. 1995)

7/3/00 53 001 Page 1 of 2  
2000-04-18 09:58:04  
Cook County Recorder 23.50

Filing Fee \$25

SUBMIT IN DUPLICATE!



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LPR303/28/00:01:29B4:  
SOSIL C006714 FILED 203

PROPRIETARY OF COOK COUNTY CLERK'S OFFICE

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.

JESSE WHITE  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF CANCELLATION  
OF THE  
CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)

- Limited partnership's name: Corn Associates Limited Partnership
- File number assigned by the Secretary of State: C006714
- Federal Employer Identification Number (F.E.I.N.): 26-2873487
- The reason for filing this certificate of cancellation: partnership dissolved 12/31/98
- This certificate of cancellation is effective on: (Check one)  
 (a) the filing date, or (b) another date later than but not more than 60 days subsequent to the filing date:  
 \_\_\_\_\_  
 (month, day, year)
- The post office address, including county, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Handwritten signature/initials

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

The original certificate of cancellation must be signed by all general partners.

SIGNATURE AND NAME

1. Signature [Handwritten Signature]  
Type or print name and title C. L. Botthof, Jr.  
Name of General Partner if a corporation or other entity \_\_\_\_\_

2. Signature [Handwritten Signature]  
Type or print name and title John J. Oelerich  
Trustee of the JJO Declaration of Trust  
Name of General Partner if a corporation or other entity dated 3/19/90

3. Signature \_\_\_\_\_  
Type or print name and title Paul G. Reynolds  
as trustee of the PGR Declaration of Trust  
Name of General Partner if a corporation or other entity dated 3/22/90

4. Signature \_\_\_\_\_  
Type or print name and title The Old Second  
National Bank of Aurora, as successor  
Name of General Partner if a corporation or other entity trustee under the William Paul Curto Declaration of trust dated 7/15/97

OLD SECOND NATIONAL BANK,  
By: [Handwritten Signature]  
5. Signature \_\_\_\_\_  
Type or print name and title Andres Roche  
Vice President Trust Officer  
Name of General Partner if a corporation or other entity \_\_\_\_\_

OLD SECOND NATIONAL BANK,  
By: [Handwritten Signature]  
6. Signature \_\_\_\_\_  
Type or print name and title Andres Roche  
Vice President Trust Officer  
Name of General Partner if a corporation or other entity \_\_\_\_\_

(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."

**RETURN TO:**  
Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960  
<http://www.sos.state.il.us>

**DO NOT SEND CASH!**

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