LPR302/21/03:01:7387: 40.00 MU. SOSIL COOSSS7 FILED 1108

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Form LP 1108 (Rev. Jan. 1999)

Filing Fee \$15

SUBMIT IN DUPLICATE!

File # C005557

Assigned by Secretary of State

FILING DEADLINE IS PRIOR TO

07/01/02

nonth, day, year

All cone condence regarding this filing will be sent to the redistered agent of the limited partnership unless a solidadressed envelope with prepaid postage is included.

0030266199

5415/0135 11 001 Page 1 of 2 2003-02-25 12:39:28

Cook County Recorder

26.00

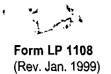


JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

BIENNIAL RENEWAL REPORT (Illinois or foreign limited partnership) (Please type or print clearly)

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT FORM LP 202 (ILLINOIS) OR LP 905 (FOREIGN) AND THE \$25 FEE IS FEQUIRED.

| 1. | Limited partnership's name: <u>EPAX Limited Partnership</u> | h |
|----|--|--|
| 2. | Address of office where records required by Section 104 (Illinois) | or Section 902 (foreign) are kept (P.O. Box alone & do are |
| | unacceptable:) 1 East Superior St., Room 604 | |
| | | 0. |
| 3. | File number assigned by the Secretary of State: C005557 | <i>'\Lambda'</i> |
| 4. | Federal Employer Identification Number (F.E.I.N.): 36-372018 | 5 |
| 5. | Assumed name, if any: | |
| 6. | Admitting name, if any (foreign only): | |
| 7. | Registered agent: First name William Middle name W. Registered Office: (P.O. Box alone and c/o are unacceptable) | Last name <u>Higginson</u> |
| | Number 1 East Street Superior St. | Suite# <u>604</u> |
| | City Chicago County Cook | State Illinois ZIP Code 60611 |
| 8. | State of jurisdiction: Illinois | If other than Illinois, attach a Certificate of Good |
| | Standing or Existence not more than 30 days old. Also give for | mation date in that state. |



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I affirm that any entity serving as a general partner for this limited partnership is in good standing in its home state.

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

| Renewal report must be signed by a general partner. | | |
|---|--|--|
| Signature | | |
| Type or print name and title William W. Higginson, President | | |
| Name of General Partner if a corporation or other entity <u>Investment Management Corporation</u> | | |
| (Signature must be in BLACK !/v K on an original document. Carbon copy, photocopy or rubber stamp signatures may only used on conformed copies.) | | |
| 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. | | |
| | | |

RETURN TO: