

UNOFFICIAL COPY

0030306883

3596/0003 30 001 Page 1 of 2

2003-03-05 14:04:02

Cook County Recorder 26.00

Form LP 203  
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



0030306883

LPR301/30/03:01:6475:  
SOSIL S010802 FILED 203

25.00

43-9

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: Triangle View Associates
- File number assigned by the Secretary of State: S010802
- Federal Employer Identification Number (F.E.I.N.): 36-3442965
- The reason for filing this certificate of cancellation: Limited Partnership no longer exists.
- 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: William W. Higginson, Investment Management Corporation, 1 East Superior St., Room 604, Chicago, IL 60611, Cook County

# UNOFFICIAL COPY

Form LP-203  
(Rev. Jan. 1999)


LPR301/30/03:01:6475: 25.00 MU  
SOSIL 5010802 FILED 203

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**.

30306883

## SIGNATURE AND NAME

1. Signature <u></u>	2. Signature _____
Type or print name and title <u>William W. Higginson</u> <u>President</u>	Type or print name and title _____
Name of General Partner if a corporation or other entity <u>Investment Management Corporation</u>	Name of General Partner if a corporation or other entity _____
3. Signature _____	4. Signature _____
Type or print name and title _____	Type or print name and title _____
Name of General Partner if a corporation or other entity _____	Name of General Partner if a corporation or other entity _____
5. Signature _____	6. Signature _____
Type or print name and title _____	Type or print name and title _____
Name of General Partner if a corporation or other entity _____	Name of General Partner if a corporation or other entity _____

(Signatures must be in **BLACK INK** on an original document be used on conformed copies.)

Carbon copy, photocopy or rubber stamp signatures may only

### 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  
<http://www.sos.state.il.us>