

UNOFFICIAL COPY

LP 203
(Rev. Jan. 1991)

GEORGE H. RYAN
Secretary of State
State of Illinois

Filing Fee \$25

04030628

SUBMIT IN DUPLICATE!

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

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.

04030628

OFFICE USE ONLY





COOK COUNTY REC'D 10/28/94
46282701
2500 THE COOK COUNTY REC'D FILES

- Limited partnership's name: Walton-Erie Limited Partnership
DEPT-01 RECORDING \$23.50
T26666 TRAN 1924 12/08/94 12:44:00
47073 & LC *-04-030628
COOK-COUNTY RECORDER
- Filo number assigned by the Secretary of State: S001112
- Federal Employer Identification Number (F.E.I.N.): 36-3584912
- The reason for filing this certificate of cancellation: The limited partnership has ceased operations
- This certificate of cancellation is effective on: (Check one)
a) the file 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: Steven A. Stender, c/o Much Shelist
Freed Denenberg & Ament, P.C., 200 N. LaSalle Street, Suite 2100, Chicago, IL
60601, Cook County

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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.

- | | |
|--|--|
| <p>1. <u></u>
(Signature)
<u>Raymond H. Stender, General Partner</u>
(Type or print name and title)</p> <p>(Name of General Partner if a corporation or other entity)</p> | <p>3. <u></u> 2350
(Signature)
<u>Leo M. Furie, General Partner</u>
(Type or print name and title)</p> <p>(Name of General Partner if a corporation or other entity)</p> |
| <p>2. <u></u>
(Signature)
<u>Robert Simon, General Partner</u>
(Type or print name and title)</p> <p>(Name of General Partner if a corporation or other entity)</p> | <p>4. <u></u>
(Signature)
<u>Joseph Maslov, General Partner</u>
(Type or print name and title)</p> <p>(Name of General Partner if a corporation or other entity)</p> |

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5. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

6. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

(Signatures must be in 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 330, Centennial Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

RETURN TO:

KAL

Much Shelist-Fread-Denenberg-Ament & Eiger, P.C.
201 North LaSalle Street - Suite 2100
Chicago, Illinois 60601-1095

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