

UNOFFICIAL COPY

After recording return to:

JIM EDGAR
Secretary of State
State of Illinois
Admetto, 44 Galum St
Near Garber & Eisenberg
Box #26

LP 203

Submit in Duplicate

\$25.00 filing fee. See other side for acceptable terms of payment.

CERTIFICATE OF CANCELLATION
OF THE CERTIFICATE OF
LIMITED PARTNERSHIP 90354838
(Illinois limited partnership)

Validation Only

602930 SUSIL 0/16/90
25.00 IC 000018887 FILED

Pursuant to the provisions of the Revised Uniform Limited Partnership Act, the undersigned general partner(s) hereby cancel the certificate of limited partnership for the limited partnership named below:

1. The limited partnership's name is: HT-Lisle Limited Partnership

2. The limited partnership's file number is: CD02930

The Federal Employer Identification Number (F.E.I.N.) is: 36-3508395 (Note 1)

3. The certificate of limited partnership was filed with the Secretary of State on: 10/24/88
(month, day, year)

4. The reason for filing this certificate of cancellation is: agreement by the partners of the limited partnership.

5. The effective date of this cancellation is: (Check one)
a) the file date, or
b) another date not more than 60 days subsequent to the filing date. Specify: _____

6. 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:
200 West Madison, 39th Floor
Chicago, Illinois 60606

The undersigned affirms, under penalties of perjury, that the facts stated herein are true **90354838**

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

HT-Lisle, Inc., a Delaware Corporation

By: Michael C. Shindler
Signature

Michael C. Shindler, Vice President
Name (please print or type)

Signature

Name (please print or type)

Signature

Name (please print or type)

Signature

Name (please print or type)

Signature

Name (please print or type)

Signature

Name (please print or type)

If additional space is needed, this list must be continued in the same format on a plain white 8-1/2" x 11" sheet, which must be stapled to this form. Number of additional pages: _____

MODIFIED

13.00

Form LP 203

File No.

**CERTIFICATE OF CANCELLATION
OF THE CERTIFICATE OF
LIMITED PARTNERSHIP**

Filing Fee \$25

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!

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

RETURN TO:

Secretary of State
Corporation Department
Limited Partnership Division
Springfield, Illinois 62756
Telephone (217) 785-6960

Property of Cook County Clerk's Office

DEPT-01 RECORDING \$13.00
T#2222 TRAN 2723 07/24/90 11:25:00
#0722 # B *-90-354898
COOK COUNTY RECORDER

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Note 1: If the Federal Employer Identification Number has not been obtained at the time of filing this document, it shall be obtained and shall be reported to the Secretary of State within 180 days after the date of filing this certificate.

NOTES

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