Form LP 992 (Rev. Jan. 1991) UNOFFICIAL

Assigned by Secretary of State

Filing Fee \$75

SUBMIT IN DUPLICATE!

All correspondence regarding this filing will be sent to the registered

agent of the limited pertnership unless a self-addressed envelops with prepaid postage is included. GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

APPLICATION FOR ADMISSION TO TRANSACT BUSINESS (foreign limited partnership) OFFICE USE ONLY

92417077

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	Ô	. n	
. Limited partnership	ps name: Arpac	L.P.	
	O _A		
	77.		
. The address, Inclu office box alone ar	uding county, of the of nd c/o are unacceptable	Mice at which the records required by a) 9511 West River Street, So	Section 104 are to be kept is: (Post chiller Park, Cook
Count	y, Illinois 601?		
Fadard Employer	telemiliantian flumber /	FF(N) 36-3820361	
Federal Employer	Identification Number (P.E.I.N., 30 3020301	- A MATHAM
The limited narrner	rship was formed in the	jurisdiction of: Delaware	92417077
on: June 1,]	1992 and val	idly exists there as a limited partnersh	on the file date of this application.
		V _b	
Admitting name, if	any, under which the li	mited partnership will transact busine	ss in Illinois:
3	r b		
Arpac	M.F.	5,01	EPT-01 RECORDING \$23.
An application to a	dont an assumed name	e, form LP 108, is attached E3 Y	4444 文 Ray 0337 06/11/92 11:35:60 320 ター・ディー・フロフン
An application to a	oopt an assumed ham	3, 101111 2, 100, 10 211201100	COOK COUNTY RECORDER
The limited partner	ship's registered agent	's name and registered office address	113:
•			0,
Registered agent:	Cl Corporation First Name	Middle Name	Last Name
	200 Couth Incal		7/5
Registered Office: (P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	Chicago,	<u>Cook</u>	Illinois 60604
	City	County	Zip Code
•			
The undersigned a state is cancelled.	gree(s) to keep the rec	ords detailed in Number 2 until the lim	nited partnership's registration in this
•••• • • • • • • • • • • • • • • • • •	D Bamatani an	******1 1 2012	
Dissolution date is:	Perpetual or	month, da	y, year
The Illinois Secreta	nu ni State is hereby ar	ppointed the agent of the limited partn	ership for service of process under the

23 00

11. NAME(S) & BUSINESS ADDRESS (ES) OF ALL GENERAL PARTHERS)

7.	Arbac Corp., an 1	111nois corporation			p., a belaware corpore	
General Partner's Name			General Partner's Name			
	9511 West River Street			32 LOCKERMAIN SQUARE, SUITE L-100		
	Number	Street		Number	Street	
	Schiller Park ·		D	OVEŘ		
	City/Town		_	City/Town		
	Illinois	60176		E	60093	
	State	Zip Code		State	Zip Code	
3.	3General Partner's Name		4	General Partner's Name		
	Number	Street		Number	Street	
•	City/Town			City/Town		
•	State	Zip Code		State	Zip Code	
5	General Part of Name		6	General Partner's Name		
-	Number	- Carel		Number	Street	
•	(City/Town		ţ	Dity/Town	
•	State	Zip Code		State	Zip Code	
'nе	undersigned affirms, up	der penalties of perjury, the	hai 'he tacts sta	ted herein are true.		
	^/		0,		_	
ne	onginal application to the	nsact business must be s	signed by at ina	st one general panner		
	Michael Levy, Pre	(Signature)		C,		
		(Type or print Name and Till	le)			
	Arpac Corp., an I	llinois corporation	-			
		General Partner if a corporation				

(Signature must be in ink on an original document. Carbon copy, photocopy or rubber starr o 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

