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FILING DEADLINE IS:

PRIOR TO

month, day, year

Form LP 1198
(Rev. Jan. 1991)

Filing Fee \$15

SUBMIT IN DUPLICATE!

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

BIENNIAL RENEWAL REPORT
(Illinois or foreign limited partnership)

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

93452256

OFFICE USE ONLY

FORM 93452256 06/08/93 \$25.00 PER 000044582 FILED

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 REQUIRED.

- Limited partnership's name: KOSOH Housing Limited Partnership
- Address of office where records required by Section 104 (Illinois) or Section 902 (foreign) are kept: (Post office box alone and c/o are unacceptable) 311 South Peoria, Suite 201, Chicago, IL 60607
- File number assigned by the Secretary of State: SC04990
- Federal Employer Identification Number (F.E.I.N.): 36-3745220
- Assumed name, if any: N/A
- Admitting name, if any (foreign only): N/A
- Registered agent: SCN&R Registered Agent, Inc.

Registered Office:	Number	Street	City	State	Zip Code
(P.O. Box alone and c/o are unacceptable)	<u>8000 Sears Tower</u>	<u>Chicago</u>	<u>Cook</u>	<u>Illinois</u>	<u>60606</u>
- State of jurisdiction: Illinois if foreign, that this limited partnership is validly existing as a limited partnership under the laws of N/A as of this date and that it still exists in Illinois.

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23⁰⁰ JRS

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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 of jurisdiction.

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

Renewal report must be signed by a general partner.

BARBARA BLACK

(Signature)

BARBARA BLACK PRESIDENT

(Type or print name and title)

KOSCH Housing, Inc.

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

(Signature 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

CLP-12.1

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RECEIVED

SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES

LIMITED PARTNERSHIP DIVISION

ROOM 330, CENTENNIAL BUILDING

SPRINGFIELD, ILLINOIS 62756

TELEPHONE: (217) 785-8960

FAX: (217) 785-8960

WWW.SOS.STATE.IL.GOV

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MONDAY THROUGH FRIDAY

EXCEPT HOLIDAYS

AND VACATION DAYS

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FOR A COMPLETE LIST OF SERVICES

AND FEES

PLEASE VISIT OUR WEBSITE