

UNOFFICIAL COPY

Form LP 905
(Rev Jan 1991)

Filing Fee \$25

SUBMIT IN DUPLICATE!

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.

GEORGE H. RYAN
Secretary of State
State of Illinois

CERTIFICATE OF AMENDMENT TO THE APPLICATION FOR ADMISSION (foreign limited partnership)

OFFICE USE ONLY

93997431

1. Limited partnership's name: PENNRIVER ASSOCIATES, a Connecticut Limited Partnership

2. File number assigned by the Secretary of State: 500024

3. Federal Employer Identification Number (F.E.I.N.): 13-2850436 132854036

4. Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:
~~PENNRIVER ASSOCIATES, a CONNECTICUT LIMITED PARTNERSHIP~~

5. The application for admission to transact business is amended as follows:
(Check all applicable changes)
(Address changes P.O. Box alone and c/o are unacceptable)

RECEIVED RECEIVING \$33.50
750100 1991 0368 10107431 14:56:00
42855 13-2850436
1000 COUNTY RECORDER

- a) Admission of a new general partner (give name and business address below).
- b) Withdrawal of a general partner (give name below).
- c) Change of registered agent and/or registered agents office (give new name and address, including county below).
- d) Change in the address of the office at which the records required by Section 902 of the Act are kept (give new address, including county below).
- e) Change in the general partners name and/or business address (give name and new address below).
- f) Change in limited partnership's name (give new name below).
- g) Change in date of dissolution (give new date below).
- h) Other (give information below).

J.C) 43 HURTHA, CULLINA, RICHTER & FINCH

CHAMPLAIN = 185 ASHUM STREET

HARTFORD, CONNECTICUT 06103-3469

1. Name of the limited partnership:
Admission Name: Pennriver Associates, A Connecticut Limited Partnership

b. 132850436

93997431

UNOFFICIAL COPY

5. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

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

The original certificate of amendment must be signed by a general partner, all new general partners and at least one withdrawing general partner.

SIGNATURE AND NAME		BUSINESS ADDRESS	
1.	<hr/> <i>(Signature)</i> <hr/> JOHN GRIPPO, VICE PRESIDENT <hr/> (Type or print name and title) <hr/> R. MAPLE CORP. <hr/> (Name of General Partner if a corporation or other entity)	1.	<hr/> Number Street <hr/> City/Town <hr/> State Zip Code
2.	<hr/> <i>(Signature)</i> <hr/> (Type or print name and title) <hr/> (Name of General Partner if a corporation or other entity)	2.	<hr/> Number Street <hr/> City/Town <hr/> State Zip Code
3.	<hr/> <i>(Signature)</i> <hr/> (Type or print name and title) <hr/> (Name of General Partner if a corporation or other entity)	3.	<hr/> Number Street <hr/> City/Town <hr/> State Zip Code
4.	<hr/> <i>(Signature)</i> <hr/> (Type or print name and title) <hr/> (Name of General Partner if a corporation or other entity)	4.	<hr/> Number Street <hr/> City/Town <hr/> State Zip Code
5.	<hr/> <i>(Signature)</i> <hr/> (Type or print name and title) <hr/> (Name of General Partner if a corporation or other entity)	5.	<hr/> Number Street <hr/> City/Town <hr/> State Zip Code

(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

If additional space is needed, it must be continued in the same format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

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."

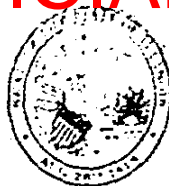
DO NOT SEND CASH!

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

157146555

UNOFFICIAL COPY



OFFICE OF THE SECRETARY OF STATE

SPRINGFIELD ILLINOIS 62756

10/21/93

889924

PENNRIVER ASSOCIATES

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
33 NORTH LASALLE STREET
CHICAGO IL 60602-2607

RE PENNRIVER ASSOCIATES, A CONNECTICUT LIMITED PARTNERSHIP

DEAR SIR OR MADAM:

WE HAVE RECEIVED AND PLACED ON FILE YOUR CERTIFICATE OF REINSTATEMENT. THIS REINSTATEMENT SATISFIES THE REQUIREMENTS OF SECTION 1110 OF RULPA. THE REQUIRED FEE HAS BEEN RECEIVED AND CREDITED.

RETURNED HERewith IS THE FILED COPY OF THIS REINSTATEMENT TO BE RECORDED WITH THE OFFICE OF THE RECORDER IN THE COUNTY OF THE ILLINOIS REGISTERED AGENT OF THIS LIMITED PARTNERSHIP.

SINCERELY,

LIMITED PARTNERSHIP DIVISION
DEPARTMENT OF BUSINESS SERVICES
OFFICE OF THE SECRETARY OF STATE
TELEPHONE: (217) 785-8960

889924

UNOFFICIAL COPY

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

The original application for reinstatement must be signed by at least one general partner

John A. Perry

(Signature)

John A. Perry, Vice President

(Type or print name and title)

R-MAPLE CORP

(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 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

03997931

Property of Cook County Clerk's Office

UNOFFICIAL COPY

GEORGE H RYAN
SECRETARY OF STATE



OFFICE OF THE SECRETARY OF STATE

SPRINGFIELD ILLINOIS 62756

OCTOBER 21, 1993

5100024

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
33 NORTH LASALLE STREET
CHICAGO, IL. 60602-2607

RE: PENNSYLVANIAN ASSOCIATES, A CONNECTICUT LIMITED PARTNERSHIP

DEAR SIR OR MADAM:

WE ARE PLEASED TO ACKNOWLEDGE RECEIPT OF THE RENEWAL REPORT FOR THE ABOVE REFERENCED LIMITED PARTNERSHIP. THIS RENEWAL SATISFIES THE REQUIREMENTS OF SECTION 1108 OF RULPA.

WE ARE RETURNING THE FILED COPY OF THIS RENEWAL TO YOU FOR RECORDING WITH THE OFFICE OF THE RECORDER IN THE COUNTY OF THE ILLINOIS REGISTERED AGENT OF THIS LIMITED PARTNERSHIP.

THANK YOU FOR YOUR COOPERATION.

SINCERELY,

LIMITED PARTNERSHIP DIVISION
DEPARTMENT OF BUSINESS SERVICES
OFFICE OF THE SECRETARY OF STATE
TELEPHONE: (217) 785-8960

10/21/93

UNOFFICIAL COPY

FILING DEADLINE IS:

PRIOR TO

7-1-91

month, day, year

Form LP 1108
(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)

OFFICE USE ONLY

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

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: PENNRIVER ASSOCIATES
- 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) CITYPLACE I 81 ASYLUM STREET
HARTFORD CONNECTICUT 06103-3469
- File number assigned by the Secretary of State: 5000024
- Federal Employer Identification Number (F.E.I.N.): 13-2850436
- Assumed name, if any: _____
- Admitting name, if any (foreign only): PENNRIVER ASSOCIATES CONNECTICUT
LIMITED PARTNERSHIP
- Registered agent: FRANCE HALL CORPORATION SYSTEM INC.

Registered Office: (P.O. Box alone and c/o are unacceptable)	Number <u>33 NORTH LA SALLE STREET</u>	Street <u>CHICAGO</u>	State # <u>Illinois 60604-1607</u>
	City	County	Zip Code
- State of jurisdiction CONNECTICUT if foreign, that this limited partnership is validly existing as a limited partnership under the laws of CONNECTICUT as of this date and that it still exists in Illinois.

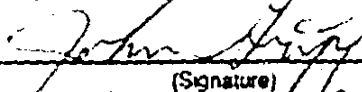
11/15/91 11:11

UNOFFICIAL COPY

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.



(Signature)

JOHN GRIPPO, VICE PRESIDENT

(Type or print name and title)

SR - MAPLE CORP

(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

11-1-88

Property of Cook County Clerk's Office

UNOFFICIAL COPY

FILING DEADLINE IS:

PRIOR TO

7-1-93

month, day, year

Form LP 1108
(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)

OFFICE USE ONLY

FILED IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT OF THE JUDICIAL CIRCUIT IN AND FOR THE COUNTY OF COOK, ILLINOIS

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

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: PENNRIVER ASSOCIATES
- 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) CITYPLACE I 151 ASYLUM STREET
HARTFORD CONNECTICUT 06103-3469
- File number assigned by the Secretary of State: 5000024
- Federal Employer Identification Number (F.E.I.N.): 15-7850426
- Assumed name, if any: _____
- Admitting name, if any (foreign only): PENNRIVER ASSOCIATES A PROFESSIONAL LIMITED
PARTNERSHIP
- Registered agent: IDENTICE HALL CORPORATION SYSTEM AC

Registered Office: (P.O. Box alone and c/o are unacceptable)	First name <u>33 NORTH WABALLE STREET</u>	Middle name <u>CHICAGO</u>	Last name <u>ILLINOIS</u>
	Number <u>CHICAGO</u>	Street <u>ILLINOIS</u>	State # <u>60604-2607</u>
	City <u>CHICAGO</u>	County <u>ILLINOIS</u>	Zip Code <u>60604-2607</u>
- State of jurisdiction: CONNECTICUT if foreign, that this limited partnership is validly existing as a limited partnership under the laws of CONNECTICUT as of this date and that it still exists in Illinois.

UNOFFICIAL COPY

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.



(Signature)

JOHN GRIPPO VICE PRESIDENT

(Type of print name and title)

IR-MAPLE CORP.

(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

TEL-266555