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Form LP 902
(Rev. Jan. 1991)

Filing Fee \$75

SUBMIT IN DUPLICATE!

GEORGE B. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

APPLICATION FOR ADMISSION TO TRANSACT BUSINESS (foreign limited partnership)

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

File # 1007035
Assigned by Secretary of State

OFFICE USE ONLY

FILED 03/11/93
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DEPT-01 RECORDING 123.00
T#1111 TRAM 8861 03/19/93 12:23:00
COOK COUNTY RECORDER

- Limited partnership's name: WKS Associates
- The address, including county, of the office at which the records required by Section 104 are to be kept is: (Post office box alone and c/o are unacceptable)
237 Chestnut Street Philadelphia, PA 19106 Philadelphia County
- Federal Employer Identification Number (F.E.I.N.): 23-2347637
- The limited partnership was formed in the jurisdiction of: Commonwealth of Pennsylvania on: 6/15/84 and validly exists there as a limited partnership on the file date of this application.
- Admitting name, if any, under which the limited partnership will transact business in Illinois: WKS ASSOCIATES, L.P.
- An application to adopt an assumed name, form LP 108, is attached Yes No.
- The limited partnership's registered agent's name and registered office address is:
Registered Agent: C T CORPORATION SYSTEM
Registered Office:

First Name	Middle Name	Last Name
208	S. La Salle Street	
(P.O. Box alone and c/o are unacceptable)	Number Street	Suite #
Chicago	Cook Illinois	50604
City	County	Code
- The undersigned agree(s) to keep the records detailed in Number 2 until the limited partnership's registration in this State is cancelled.
- Dissolution date is: Perpetual or _____ month, day, year
- The Illinois Secretary of State is hereby appointed the agent of this limited partnership for service of process under the circumstances set forth in Section 909(b) of RULPA.

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

1. KSS, Inc.
 General Partner's Name
237 Chestnut Street
 Number Street
Philadelphia, PA 19106
 City/Town
 State Zip Code

2. _____
 General Partner's Name

 Number Street

 City/Town
 State Zip Code

3. _____
 General Partner's Name

 Number Street

 City/Town
 State Zip Code

4. _____
 General Partner's Name

 Number Street

 City/Town
 State Zip Code

5. _____
 General Partner's Name

 Number Street

 City/Town
 State Zip Code

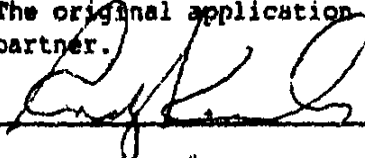
6. _____
 General Partner's Name

 Number Street

 City/Town
 State Zip Code

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

The original application to transact business must be signed by at least one general partner.


 (Signature)
Rudy Kessler, Vice President
 (Type or print Name and Title)
KSS, Inc.
 (Name of General Partner if a corporation or other entity)

RECORDING DESK
BOX 170

(Signature must be in ink on an original document. Carbon copy, photo copy or rubber stamp signature may only be used on conformed copies).

FORM 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".

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 330 Centennial Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

DO NOT SEND CASH!