

Form LP 902
(REV. JAN. 1991)

File # 5 008549

Assigned by Secretary of State

ILLINOIS
SECRETARY OF STATE

SECRETARY OF STATE
STATE OF ILLINOIS

APPLICATION FOR ADMISSION
TO TRANSACT BUSINESS
(Foreign limited partnership)

All corporations registering this form will
be held to the registered agent of the limited
partnership article of incorporation
and bylaws.

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OFFICE USE ONLY

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- Limited partnership's name: Beacon Properties, L.P.
- 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) 50 Rowes Wharf, Boston, MA 02109 (Suffolk County)
- Federal Employer Identification Number (F.E.I.N.): 04-3224259
- The limited partnership was formed in the jurisdiction of: Delaware on: 4-28-94 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: _____
- 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	9, La Salle Street	
(P.O. Box alone and c/o are unacceptable)	Number	Street
	Chicago	Cook Illinois
	City	County
		Suite #
		60604
		Zip 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(ES) OF ALL GENERAL PARTNER(S)

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9388

1. Beacon Properties Corporation

General Partner's Name

50 Rowes Wharf

Number Street

Boston, MA 02109

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 create business must be signed by at least one general partner.

Kathleen McCarthy
(Signature)
Kathleen McCarthy, Secretary
(Type of State Name and Title)
Beacon Properties Corporation
(Name of General Partner if a corporation or other entity)

(Signature must be in ink on an original document. Carbon copy, photo copy or rubber stamp signature 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".

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

127864

DO NOT SEND CHECK

State of Delaware

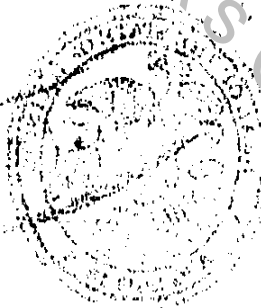
Office of the Secretary of State

I, WILLIAM T. QUILLEN, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEACON PROPERTIES, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

STATE OF DELAWARE
Office of the Secretary of State
I hereby certify that this is a true and correct copy of the original as shown to me by the person whose name is written below and that the original is in the files of this office.

George H. Ryan
Secretary of State



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William T. Quillen
William T. Quillen, Secretary of State

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944081003

AUTHENTICATION:

7112513

DATE:

05-06-94

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DEPT-01 RECORDING \$27.00
T20014 TRAN 1857 06/06/94 11:23:00
44329 DT *-94-498721
COOK COUNTY RECORDER

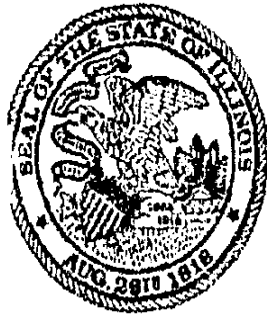
Property of Cook County Office

RECORDING DESK
BOX 170

STATE OF ILLINOIS

Office of the Secretary of State

I hereby certify that this is a true and correct copy, consisting of ~~three~~ pages, as taken from the original on file in this office.



George H. Ryan

George H. Ryan
Secretary of State

DATED: May 26, 1994

BY: [Signature]

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