

# UNOFFICIAL COPY

Form LP 103 (c)  
(Rev. Jan. 1991)

GEORGE H. RYAN  
Secretary of State  
State of Illinois

Filing Fee \$5

SUBMIT IN DUPLICATE!

## RESIGNATION OF REGISTERED AGENT (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 postage is included.

OFFICE USE ONLY

COO2795 SOSIL 10/31/94  
5.00 AA 0000069272 FILED

HEAD OFFICE TOWNSHIP

1. Limited partnership name: POLISH AMERICAN TECHNOLOGIES, L.P.

2. The address, including county, of the principal office of the limited partnership, as such is known to the registered agent is: (Post office box alone and c/o are unacceptable) \_\_\_\_\_

60 W. 57th St., #18-K, New York, NY 10019

DEPT-01 RECORDING \$23.00  
TRAN 0887 11/15/94 15:07:00  
\$4968 & LC # -94-970637  
COOK COUNTY RECORDER

3. File number assigned by the Secretary of State: C 106 95

4. Federal Employer Identification Number (F.E.I.N.): 36-2811354

5. The limited partnership's registered agent's name and registered office address is:

Registered Agent:	<u>Howard</u>	<u>M.</u>	<u>Helsing</u>
	First name	Middle name	Last name
Registered Office:	<u>10 S. Wacker Dr., Ste. 4000</u>		
(P.O. Box alone and c/o are unacceptable)	<u>Chicago</u>	<u>Cook</u>	<u>Illinois 60606</u>
	Number	Street	Suite #
	City	County	Zip Code

6. The registered agent resigns, effective on: December 5, 1994, which is not less than 30 days after the date of filing this form. (month, day, year)

7. A copy of this notice has been sent to the principal office of the limited partnership at least 10 days prior to the date of its filing with the Secretary of State.

YES date sent: 10/21/94  NO

94970637

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

This notice shall be executed by the registered agent, if an individual, or if a corporation, by a principal officer.



Signature of individual agent

OR

Signature of principal officer

Howard M. Helsing

Name (print or type)

Name & Title (print or type)



# UNOFFICIAL COPY

(Signatures 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

Property of Cook County Clerk's Office

B of G  
A & B / C F

40007016