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Form # 6010188

95606317

Form LP 902
(Rev Jan 1991)

Assigned by Secretary of State

Filing Fee \$75

SUBMIT IN DUPLICATE!

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

APPLICATION FOR ADMISSION
TO TRANSACT BUSINESS
(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 prepaid postage is included.

OFFICE USE ONLY

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DEPT-01 RECORDING \$23.00
T#0014 TRAH 7476 09/11/95 14:28:00
#5349 # JW *-95-606317
COOK COUNTY RECORDER

1. Limited partnership's name: Cassandra Group, L.P.

2. 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) 440 S. LaSalle, Suite 1506, Chicago, IL 60605

3. Federal Employer Identification Number (F.E.I.N.): Applied for

4. The limited partnership was formed in the jurisdiction of: Delaware
on: April 22, 1994 and validly exists there as a limited partnership on the file date of this application.

5. Admitting name, if any, under which the limited partnership will transact business in Illinois: _____

6. An application to adopt an assumed name, form LP 108, is attached Yes No

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

Registered agent:	<u>Michael</u>	<u>P.</u>	<u>Moore</u>
	First Name	Middle Name	Last Name
Registered Office:	<u>440 S. LaSalle</u>		<u>1506</u>
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	<u>Chicago,</u>		<u>Illinois 60605</u>
	City	County	Zip Code

8. The undersigned agree(s) to keep the records detailed in Number 2 until the limited partnership's registration in this state is cancelled

9. Dissolution date is: Perpetual or _____
month, day, year

10. The Illinois Secretary of State is hereby appointed the agent of the limited partnership for service of process under the circumstances set forth in Section 909(b) of RULPA.

Property of Cook County Clerk's Office

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

1. Cassandra Management Corporation
General Partner's Name
440 S. LaSalle, Suite 1506
Number Street
Chicago
City/Town
IL 60605
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

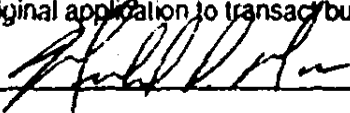
Number Street

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)
Michael P. Moore, President of
(Type or print Name and Title)
Cassandra Management Corporation
(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."

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!

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