

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)

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

RECORDED 03/10/95 15:57:00  
FILED 03/10/95 15:00

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT FORM LP 202 (ILLINOIS) OR LP 906 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

1. Limited partnership's name: Stepan Partners
2. 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)  
350 North Clark Street, Chicago, IL 60610
3. File number assigned by the Secretary of State: 5009515
4. Federal Employer Identification Number (F.E.I.N.): 36-3118905
5. Assumed name, if any: \_\_\_\_\_
6. Admitting name, if any (foreign only): \_\_\_\_\_
7. Registered agent: 

Paul	H.	Stepan
First name	Middle name	Last name

Registered Office: 

350 North Clark Street		
(P.O. Box alone and c/o are unacceptable)	Number	Street
	Chicago, IL 60610	State
	City	County
		Zip Code
8. State of jurisdiction: Illinois, if foreign, that this limited partnership is validly existing as a limited partnership under the laws of \_\_\_\_\_ as of this date and that it still exists in Illinois.

DEPT-01 RECORDING \$23.70  
T40008 TRAN 8834 03/10/95 15:57:00  
#5882 + RB \*-95-164222  
COOK COUNTY RECORDER

Handwritten initials and date: # 2310 6/1

# 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)

Paul Stepan, General Partner

(Type or print name and title)

(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) 785-8980

CLP-12.1



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