

95300819

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # 5009770

DEPT-01 RECORDING

\$28.00

T#0014 TRAN 5602 05/08/95 10:15:00

95300819

COOK COUNTY RECORDER

Assigned by
Secretary of State

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

APPLICATION FOR ADMISSION
TO TRANACT BUSINESS
(foreign limited partnership)

95300819

- Limited partnership's name: The Home Mortgage Network, Limited Partnership
- The address, including county, of the office at which records required by Section 104 are to be kept is: (P.O. Box alone & c/o are unacceptable):
365 Lakeview Parkway, Suite 210, Vernon Hills, IL 60061 Lake County
- Federal Employer Identification Number (F.E.I.N.): 39-3998469
- The limited partnership was formed in the jurisdiction of: Delaware
on: March 6, 1995 and validly exists there as a limited partnership on this file date.
- 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:
First name C T CORPORATION SYSTEM Middle name _____ Last name _____
Registered Office: (P.O. Box alone and c/o are unacceptable)
Number 208 Street Sula Salle Street Suite # _____
City Chicago County Cook State Illinois Zip Code 60604
- The undersigned agree(s) to keep the records detailed in Number 2 until the limited partnership's registration in this state is cancelled.

2507

UNOFFICIAL COPY

Form LP 902

CHICAGO, ILL. (Rev. 1995)

9. Dissolution date: 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.

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

General Partner's name THMN, INC.

Number/Street 565 Lakeview Parkway, Suite 210

City/Town Vernon Hills

State Illinois Zip Code 60061

General Partner's name _____

Number/Street _____

City/Town _____

State _____ Zip Code _____

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.

*THE HOME MORTGAGE NETWORK, LIMITED PARTNERSHIP
BY: THMN, INC.*

Signature BY: Julie A. Lucas

Type or print name and title Julie A. Lucas, Assistant Secretary

Name of General Partner if a corporation or other entity THMN, INC.

(Signatures must be in **BLACK 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 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

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RECORDED
INDEXED
SERIAL 05/01/95
FILED
MAY 11 09 03 AM '95
CLERK OF COOK COUNTY

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General Partner's name TMN, INC.

Number/Street 565 Lakeview Parkway, Suite 210

City/Town Vernon Hills

State Illinois Zip Code 60061

General Partner's name _____

Number/Street _____

City/Town _____

State _____ Zip Code _____

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.

*THE HOME MORTGAGE NETWORK, LIMITED PARTNERSHIP
BY: TMN, INC.*

Signature AY: Julie A. Lucas

Type or print name and title Julie A. Lucas, Assistant Secretary

Name of General Partner if a corporation or other entity TMN, INC.

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

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Springfield, Illinois 62756
Telephone: (217) 785-8960

**RECORDING DESK
BOX 170**

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