

# UNOFFICIAL COPY

Form LP 902  
(Rev. Jan. 1995)

Filing Fee \$75

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SUBMIT IN DUPLICATE!

File # SG11407

Assigned by  
Secretary of State

DEPT-01 RECORDING \$23.00  
T#0014 TRAN 3101 06/16/96 09:50:00  
#7416 + JBJ \* - 96 - 628474  
COOK COUNTY RECORDER

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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 TRANSACT BUSINESS  
(foreign limited partnership)

- Limited partnership's name: Beacon Properties, L.P.
- 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: ) 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: April 28, 1994 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 S. La 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.

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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 Beacon Properties Corporation

Number/Street 50 Rowes Wharf

City/Town Boston

State MA Zip Code 02110

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.

Signature Kathleen M. McCarthy

Type or print name and title Kathleen M. McCarthy, Secretary

Name of General Partner if a corporation or other entity Beacon Properties Corporation

(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

**BOX 170**

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