

OFFICE USE ONLY

002555 SCSIL 11/29/95
25.00 HH 0000084611 FILED

SUBMIT IN DUPLICATE!

CERTIFICATE OF CANCELLATION
OF THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

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.

- Limited partnership's name: C.M.E. CENTER
- File number assigned by the Secretary of State: C 002555
- Federal Employer Identification Number (F.E.I.N.): 363134010
- The reason for filing this certificate of cancellation: Dissolution of the partnership pursuant to the provisions of Article VIII of the Amended and Restated Articles of Limited Partnership dated April 30, 1984, as amended.

- This certificate of cancellation is effective on: (Check one)
 - the file date, or
 - another date later than but not more than 60 days subsequent to the filing date.

DEPT-01 RECORDING \$27.50
T#0014 TRAN 0715 01/02/96 08:21:00
\$1351 + JW *-96-000018
COOK COUNTY, ILLINOIS (month, day, year)

- The post office address, including county, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is:

C/O Metropolitan Structures
111 East Wacker, Drive, Suite 1200
Chicago, Cook County, Illinois 60601

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

The original certificate of cancellation must be signed by all general partners.

MS/JMB VENTURE, an Illinois joint venture, By: Metropolitan Structures, an Illinois general partnership

SIGNATURE AND NAME By: Metco Properties, an Illinois limited partnership

1. (SEE SIGNATURE PAGE ATTACHED HERETO) (Signature)

3. By: Benjamin A. Lewis (Signature)

AND MADE A PART HEREOF.) (Type or print name and title)

Benjamin A. Lewis, a general partner (Type or print name and title)

(Name of General Partner if a corporation or other entity)

(Name of General Partner if a corporation or other entity)

2. (Signature)

4. (Signature)

(Type or print name and title)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

(Name of General Partner if a corporation or other entity)

Handwritten initials/signature

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5. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

6. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

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

RECEIVED

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3/96

11/11

Property of Cook County Clerk's Office

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SIGNATURE PAGE ATTACHED TO AND MADE A PART OF
CERTIFICATE OF CANCELLATION
OF THE
CERTIFICATE OF LIMITED PARTNERSHIP
OF
C.M.E. CENTER, AN ILLINOIS LIMITED PARTNERSHIP

GENERAL PARTNER:

MS/JMB VENTURE, an Illinois
joint venture

By: Metropolitan Structures, an Illinois
general partnership

By: Metco Properties, an Illinois
limited partnership

By: Benjamin A. Sarno
A General Partner

By: JMB/Wacker Development Company,
an Illinois general partnership

By: JMB/Wacker Corporation, an
Illinois corporation

By: Scott W. Wacker
Its: President

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8/10/18