

Filing Fee \$25

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.

OFFICE USE ONLY

C002333 SOSIL 12/29/95
25.00 HH 0000086097 FILED

1. Limited partnership's name: COLUMBUS WACKER

2. File number assigned by the Secretary of State: C002333

3. Federal Employer Identification Number (F.E.I.N.): 362953672

4. The reason for filing this certificate of cancellation: Dissolution of the partnership pursuant to the agreement of all the partners.

DEPT-01 RECORDING \$23.00
12/29/95 11:23:00
#4028 # DR *-96-058120
COOK COUNTY RECORDER

5. This certificate of cancellation is effective on: (Check one)
a) the file date, or
b) another date later than but not more than 60 days subsequent to the filing date. _____
(month, day, year)

6. 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 Metco Properties
111 East Wacker Drive, Suite 1200
Chicago, IL 60601
Cook City

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.

1. METCO PROPERTIES, an Illinois limited partnership
By: [Signature]
(Signature) Partner
(Type or print name and title)

2. _____
(Signature)
(Type or print name and title)
(Name of General Partner if a corporation or other entity)

3. JMS REALTY CORPORATION, a Delaware corporation
By: [Signature]
(Signature)
(Type or print name and title)

4. _____
(Signature)
(Type or print name and title)
(Name of General Partner if a corporation or other entity)

UNOFFICIAL COPY

5. _____ (Signature) _____ (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)

(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

02/18/2008

Property of Cook County Clerk's Office