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LP 203
(Rev. Jan. 1981)

GEORGE H. RYAN
Secretary of State
State of Illinois

97615864

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

RECORDED 05/02/87
FILED 0000109621 FILED

- Limited partnership's name: Merchandise Mart Owners, Ltd.
- File number assigned by the Secretary of State: 5000205
- Federal Employer Identification Number (F.E.I.N.): 36-2081306
- The reason for filing this certificate of cancellation: The limited partnership is being dissolved following the contribution by all of the partners of their partnership interests to a new limited liability company.
- This certificate of cancellation is effective on: (Check one)
a) the filing date, or
b) another date later than but not more than 60 days subsequent to the filing date. _____
(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 Merchandise Mart Owners, L.L.C., Suite 470 The Merchandise Mart, Chicago, Illinois 60654 **Cook**

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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:

DEPT-01 RECORDED 135 \$23.00
146666 IRGIL 2364 05/21/87 15:33:00
\$1362 ; ITC N-97-615864
COOK COUNTY RECORDER

SIGNATURE AND NAME

- | | |
|--|---|
| 1. <u>Joseph E. Hakim</u>
(Signature)
<u>Joseph E. Hakim, President</u>
(Type or print name and title)
<u>Mart Holdings Group, Inc. (IL)</u>
(Name of General Partner if a corporation or other entity) | 3. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity) |
| 2. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity) | 4. _____
(Signature)

(Type or print name and title)

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

CLP-43

(over)

Box 326 25B

JB BAK

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5.

(Signature)

6.

(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) 785-8980

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Property of Cook County Clerk's Office