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2001-02-06 11:05:27

Cook County Recorder 23.50

Form LP 905
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



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75.00 CK02

LPR312/01/00:01:2850:
S051L 5003907 FILED 905

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.

JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT
TO THE APPLICATION FOR ADMISSION
(foreign limited partnership)

1. Limited partnership's name: Wm. E. Wright Limited Partnership
2. File number assigned by the Secretary of State: S003907
3. Federal Employer Identification Number (F.E.I.N.): 36-3668710
4. Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:
same as above
5. The application for admission to transact business is amended as follows:
(Check **all** applicable changes here and specify them in item 6.)
(Address changes - P.O. Box alone and c/o are unacceptable)
 - a) Admission of a new general partner (give name and business address in item 6 on reverse).
 - b) Withdrawal of a general partner (give name in item 6 on reverse).
 - c) Change of registered agent and/or registered agent's office (give new name and address, **including county** in item 6 on reverse).
 - d) Change in the address of the office at which the records required by Section 902 of the Act are kept (give new address, **including county**, in item 6 on reverse).
 - e) Change in the general partners name and/or business address (give name and new address in item 6 on reverse).
 - f) Change in limited partnership's name (give new name in item 6 on reverse).
 - g) Change in date of dissolution (give new date in item 6 on reverse).
 - h) Other (give information in item 6 on reverse).

(over)

SV
2/6/01
[Signature]

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f) The name of the limited partnership is hereby amended as follows:

The name of the limited partnership is: WEWS, L.P.

e) Change in the General Partner's name to:
WEWS I, Co.

If additional space is needed, it must be continued in the same format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

6. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

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

The original certificate of amendment must be signed by a general partner, all new general partners and at least one withdrawing general partner.

SIGNATURE AND NAME	BUSINESS ADDRESS
1. Signature <u>Michael W. Fran</u>	Street <u>C/o LaSalle Capital Group, Inc.,</u>
Type or print name and title <u>Executive Vice President</u>	City/town <u>Three First National Plaza, Ste. 5710,</u> <u>Chicago</u>
Name of General Partner if a corporation or other entity <u>Wm. E. Wright Co., General Partner</u>	State <u>IL</u> ZIP Code <u>60602</u>
2. Signature _____	Street _____
Type or print name and title _____	City/town _____
Name of General Partner if a corporation or other entity _____	State _____ ZIP Code _____
3. Signature _____	Street _____
Type or print name and title _____	City/town _____
Name of General Partner if a corporation or other entity _____	State _____ ZIP Code _____

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

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

DO NOT SEND CASH