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Form LP 202
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!

Return to: Department of
Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, IL 62756
Telephone: (217) 785-8960
<http://www.sos.state.il.us>

All correspondence regard-
ing this filing will be sent to
the registered agent of the
limited partnership unless a
self-addressed envelope with
pre-paid postage is included

0030266194

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2003-02-25 12:37:17

Cook County Recorder 26.00



0030266194

JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)
(Please type or print clearly)

1. Limited partnership's name: EPAX Limited Partnership
2. File number assigned by the Secretary of State: C005557
3. Federal Employer Identification Number (F.E.I.N.): 36-3720185
4. The certificate of limited partnership is amended as follows:
(Check **all** applicable changes here and specify them in item 5.)
(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 5 on reverse).
 - ☒ b) Withdrawal of a general partner (give name in item 5 on reverse).
 - ☒ c) Change of registered agent and/or registered agent's office (give new name and address, including county on item 5 on reverse).
 - ☒ d) Change in the address of the office at which the records required by Section 201 of the Act are kept (give new address, including county, in item 5 on reverse).
 - ☐ e) Change in the general partners name and/or business address (give name and new address in item 5 on reverse).
 - ☐ f) Change in the partners' total aggregate contribution amount (give new dollar amount in item 5 on reverse).
 - ☐ g) Change in limited partnership's name (give new name in item 5 on reverse).
 - ☐ h) Change in date of dissolution (give new date in item 5 on reverse).
 - ☐ i) Other (give information in item 5 on reverse).

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4a) Investment Management Corporation
One East Superior St Suite 604
Chicago, IL 60611
5724
1624

5. Place Item #4 changes here:

ad.4b). Rezmar Corporation is withdrawing as a General Partner

4c & 4d) Investment Management Corporation
c/o William Higginson
One East Superior - Suite 604
Chicago, IL 60611 - Cook County

LPR302/21/03:01:7388: 75.00 MU
SOSIL 0005557 FILED 202

If additional space is needed for item 4, 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.

1. Signature [Signature]
Type or print name and title William Higginson - President
Name of General Partner if a corporation or other entity Investment Management Corporation

BUSINESS ADDRESS
Number/Street One East Superior St Suite 604
City/town Chicago, IL 60611
State IL ZIP Code 60611

2. Signature [Signature]
Type or print name and title Robert S. Williams Vice President, Rezmar Corporation
Name of General Partner if a corporation or other entity Rezmar Corporation

Number/Street 853 North Elston Avenue
City/town Chicago
State Illinois ZIP Code 60622

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

Number/Street _____
City/town _____
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.)

DO NOT SEND CASH!