

# UNOFFICIAL COPY



Doc#: 0416334086  
Eugene "Gene" Moore Fee: \$26.00  
Cook County Recorder of Deeds  
Date: 08/11/2004 02:39 PM Pg: 1 of 2

Form LP 905  
(Rev. July 2003)

Filing Fee \$50

SUBMIT IN DUPLICATE!

50.00 CK01  
LPR306/07/04:01:5788: 905  
SD5IL 5006265 FILED

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: ARPAC L.P.
2. File number assigned by the Secretary of State: S 006265
3. Federal Employer Identification Number (F.E.I.N.): 36-3820361
4. Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:  
\_\_\_\_\_
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 is 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 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)

RETURN TO BOX 242  
CC/MST

# UNOFFICIAL COPY

**Form LP 905**  
(Rev. July 2003)

6. Place item #5 changes here:

- c) Michael J. Tuchman  
2 N. LaSalle St., Suite 1300  
Chicago, IL 60602

LPR306/07/04:01:6788: 50.00 CK01  
SOSIL 5006265 FILED 905

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.

### 7. 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 \_\_\_\_\_

Street 9511 W. River Street

Type or print name and title Michael Levy, President  
Arpac Corp.

City/town Schiller Park

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

State IL ZIP Code 60176

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 Section  
Room 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960  
<http://www.ilsos.net>

**DO NOT SEND CASH!**