

UNOFFICIAL COPY

08174766

Form LP 202  
(Rev. Jan. 1995)

847/0078 53 001 Page 1 of 2  
1998-12-28 14:17:09  
Cook County Recorder 23.00

Filing Fee \$25

SUBMIT IN DUPLICATE!



C003437 505IL 12/09/98  
25.00 IA 0000029648 FILED

Property of Cook County Clerk's Office

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.

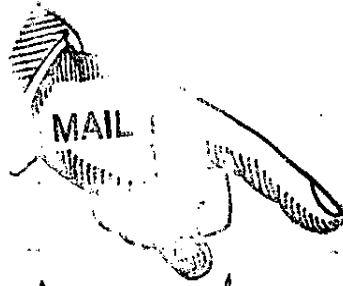
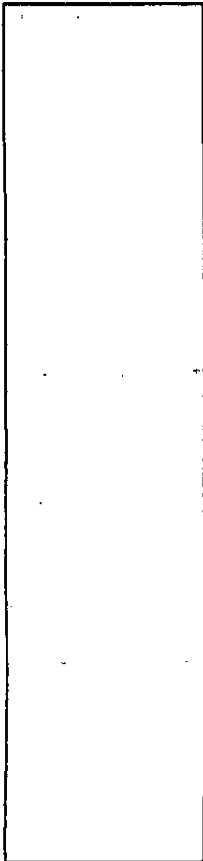
GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT  
TO THE  
CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)

1. Limited partnership's name: METCO PROPERTIES
2. File number assigned by the Secretary of State: CO03437
3. Federal Employer Identification Number (F.E.I.N.): 362656932
4. The certificate of limited partnership is amended as follows:  
(Check **all** applicable changes)  
(Address changes P.O. Box alone and c/o are unacceptable)
  - a) Admission of a new general partner (give name and business address below).
  - b) Withdrawal of a general partner (give name below).
  - c) Change of registered agent and/or registered agent's office (give new name and address, **including county** below).
  - 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** below).
  - e) Change in the general partners name and/or business address (give name and new address below).
  - f) Change in the partners' total aggregate contribution amount (give new dollar amount below).
  - g) Change in limited partnership's name (give new name below).
  - h) Change in date of dissolution (give new date below).
  - i) Other (give information below).

MELVIN K. LIPPE  
10 SOUTH WACKER DRIVE, SUITE 4000  
CHICAGO, IL 60606 (COOK COUNTY)

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



Return to: Box 6  
A+G/CF

5. 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 Benjamin A. Levis  
Type or print name and title Benjamin A. Levis  
General Partner

Number/Street 1616 Sheridan Rd.  
City/town Wilmette

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

State Illinois ZIP Code 60091

2. Signature \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

Number/Street \_\_\_\_\_  
City/town \_\_\_\_\_

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

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. Signature \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

Number/Street \_\_\_\_\_  
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.)

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."

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!

