

Filing Fee \$25

SUBMIT IN DUPLICATE!



LPR312/23/98:01:3975: 25.00 MU  
S006525 FILED 202

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.

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

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.

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

1. Limited partnership's name: RMI LIMITED PARTNERSHIP
2. File number assigned by the Secretary of State: S006525
3. Federal Employer Identification Number (F.E.I.N.): 363445115
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).

Box  
314  
299

5. Place Item #4 changes here:

**New Registered Agent:**

Illinois Corporation Service Company  
700 South Second Street  
Springfield, IL 62704  
Sangamon County

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.

SIGNATURE AND NAME	BUSINESS ADDRESS
1. Signature <u><i>Kenneth R. Posner</i></u>	Number/Street <u>200 West Madison Street</u>
Type or print name and title _____	City/town <u>Chicago</u>
<u>Kenneth R. Posner, VP &amp; Treasurer</u>	_____
Name of General Partner if a corporation or other entity <u>RMI Management, Inc.</u>	State <u>Illinois</u> ZIP Code <u>60606</u>
2. Signature _____	Number/Street _____
Type or print name and title _____	City/town _____
_____	_____
Name of General Partner if a corporation or other entity _____	State _____ ZIP Code _____
3. Signature _____	Number/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.)

**DO NOT SEND CASH!**