Form LP 202 (Rev. Jan. 1991)

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GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

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OPPICE USE ONLY

SUBMIT IN DUPLICATE!

CERTIFICATE OF AMENDMENT TO THE

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

All correspondence regarding this hing will be sent to the registered agent of the limited partnership unless a self-addressed envelope is included.

92072879

1.	Limited pertnership's name: 440 North Wells Building Partnership
2.	File Number assigned by the Secretary of State: \$6003365
3.	Federal Employer Identification Number (F.E.I.N): 36-322437 .
۱.	The certificate of limited partnership is amended as follows: (Check all applicable change)
	(Address changes P.O. Box alone and c/o are unacceptable)
	 X a) Admission of a new general partner (give name and business address below). X b) Withdrawal of a general partner (give name below). C) Change of registered agent and/or registered agents 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 hare below). h) Change in date of dissolution (give new date below).
	i) Other (give information below).
	The new general partner of the Partnership is 440 Associates, Inc., 200 West

partner, Schal Associates, Inc., 200 West Hubbard, Chicago, Illinois 60610.

DEPT-01 RECORDING

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B'A'

5. NAMES S) BUSINESS ADIRES: (A) P GINERAL JATHE ((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.

	Sell Signature and Name		BUSINESS ADDRESS		
1.	4 Eurald Suh Seritar		200 West Hubbard		
-	304A ASSIGNATURES NO DECENT	rm	Number Chicago		Street
((Type or print Name and Title) Schal Associates, Inc.	7.	Illinois	City/Town	60610
	(Name of General Partner if a corporation of other entity) (why roughly seperal partner)		State		Zip Code
2.		2.	200 West H	ubbard	
	Richard Halven, Chairman		Number Chicago		Street
<u> </u>	(Type or print Name and Title) 440 Associates, Inc.		Illinois	City/Town	60610
625773 3. j	(Name of General Partner if a corporation or other entity) (new general partner)	3.	State		Zíp Code
, }	(Signature)	J.	Number		Street
•	(Type or print Name and Title)		City/Town		
	(Name of General Partner if a corporation or other entity)	0/	State		Zip Code
4.	(Signature)	4.	Number		Street
•	(Type or print Name and Title)			City/Town	
•	(Name of General Partner if a corporation or other entity)	•	State	TÓ	Zip Code
5		5.		\bigcup_{x}	
	(Signature)		Number		treet
-	(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 ink on an original document. Carbon copy, photo copy or rubber stamp mignatures may only be used on conformed copies).

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.

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".

DO NOT SEND CASH!

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 330 Centennial Building
Springfield, Illinois 62756
Telephone: (217) 785-8960