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Form LP 202
(Rev. Jan. 1991)

Filing Fee \$26

SUBMIT IN DUPLICATE!

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

GEORGE H. RYAN
Secretary of State
State of Illinois

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

OFFICE USE ONLY

93123781
COOK COUNTY RECORDER
JAN 12 1993

1. Limited partnership name: D. R. Associates Limited Partnership

2. File number assigned by the Secretary of State: C001726

3. Federal Employer Identification Number (F.E.I.N.): 363585801 DEPT-01 RECORDING \$23.00
T45555 TRAN 7-12 02-17/93 11:27:00
47132 * -93-123781
COOK COUNTY RECORDER

4. The certificate of limited partnership is amended as follows:
(Check all applicable changes)
(Address changes P.O. Box alone and c/o are in/cr/ptable)

- 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).
 - a) Estate of Jerrold Wexler, Deceased
c/o Philip Rootberg, Executor
250 S. Wacker Drive, Suite 800
Chicago, Illinois 60606
 - b) Jerrold Wexler

93123781

2300
for

[Handwritten signature]

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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
<p>1. <u><i>Philip Rootberg</i></u> (Signature) <u>Philip Rootberg, Co-Executor of the</u> (Type or print name and title) <u>Estate of Jerrold Wexler, Deceased</u> (Name of General Partner if a corporation or other entity)</p>	<p>1. <u>250 S. Wacker Drive, Suite 800</u> Number Street <u>Chicago</u> City/Town <u>Illinois</u> <u>60606</u> State Zip Code</p>
<p>2. <u><i>Howard R. Koven</i></u> (Signature) <u>Howard R. Koven, Co-Executor of the</u> (Type or print name and title) <u>Estate of Jerrold Wexler, Deceased</u> (Name of General Partner if a corporation or other entity)</p>	<p>2. <u>One IBM Plaza, Suite 3700</u> Number Street <u>Chicago</u> City/Town <u>Illinois</u> <u>60611</u> State Zip Code</p>
<p>3. <u><i>Edward W. Ross</i></u> (Signature) <u>Edward W. Ross, General Partner</u> (Type or print name and title) (Name of General Partner if a corporation or other entity)</p>	<p>3. <u>919 North Michigan Avenue</u> Number Street <u>Chicago</u> City/Town <u>Illinois</u> <u>60611</u> State Zip Code</p>
<p>4. _____ (Signature) (Type or print name and title) (Name of General Partner if a corporation or other entity)</p>	<p>4. _____ Number Street City/Town State Zip Code</p>
<p>5. _____ (Signature) (Type or print name and title) (Name of General Partner if a corporation or other entity)</p>	<p>5. _____ Number Street City/Town State Zip Code</p>

(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures 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!

93123781

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 330, Centennial Building
Springfield, Illinois 62758
Telephone: (217) 785-8960