

# UNOFFICIAL COPY

94238283

Form LP 202  
(Rev. Jan. 1991)

Filing Fee \$25

SUBMIT IN DUPLICATE!

GEORGE H. RYAN  
Secretary of State  
State of Illinois

All correspondence regarding title 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)

1. Limited partnership's name: 440 North Wells Building Partnership 94238283

2. File number assigned by the Secretary of State: 5002365

3. Federal Employer Identification Number (F.E.I.N.): 36-3222427

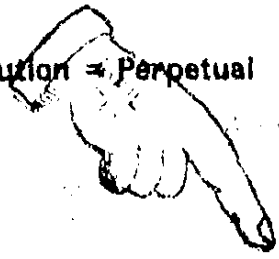
4. The certificate of limited partnership is amended as follows:

DEPT-01 RECORDING \$23.50  
T#7777 TRAN 7313 03/16/94 11:20:00  
#2325 DW #94-238283  
COOK COUNTY RECORDER

(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).

Date of Dissolution = Perpetual



BH Kahan & Associates  
200 N. Dearborn  
#1257  
Chicago, IL 60601

9/3/90  
J. Ryan

# UNOFFICIAL COPY

## 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

1. X 440 Associates, Inc., a general partner  
by Harold Schiff, Vice Chairman

(Type or print name and title)

440 Associates, Inc.

(Name of General Partner if a corporation or other entity)

(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

### BUSINESS ADDRESS

200 West Hubbard Street

Number Street

Chicago

City/Town

Illinois

State

60610

Zip Code

Number Street

City/Town

State

Zip Code

Number Street

City/Town

State

Zip Code

Number Street

City/Town

State

Zip Code

Number Street

City/Town

State

Zip Code

(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!**

### RETURN TO:

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960

94257670

PROPERTY OF COOK COUNTY CLERK'S OFFICE