(Rev. Jan. 1991)

Piling Pee \$25

SECRETARY OF STATE STATE OF ILLINOIS

SUBMIT IN DUPLICATE!

CERTIFICATE OF AMENDMENT TO THE

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

De sent to the requirement again of the arresto PARTIE DESIGNATION & LIBERT DIRECTORS FE 000000309

ı.	Limited partnership's name:	CIMS LIMITED PARTNERSHIP	94356407			
	- Ĉ					
2.	File Number assigned by the	Secretary of State: C001231				
3.	ederal Employer Identification Number (F.E.I.N): 36-378-1914					
4.	(Check all applicable change	erthership is amended as follows: s) one and c/o are unacceptable)	1. i., i. [
•	XX b) Withdrawal of a general control of registered and address, included the control of the Act are less than the general new address below). f) Change in the partner amount below). g) Change in limited partner of the control of	seept (give new address, including contribution and partners name and/or business address' total aggregate contribution amount thereship's name (give new name columns assolution (give new date below).	ice (give new name Is required by Section bunty below). Iress (give name and bount (give new dollar			
	(a) InterContinental (Corporation, is the March 31, 1994 Business Address: (b) Illinois Hotels Conas general partner Business address,	Chicago Operating Corp., a Delle sole General Partner, effect 1120 Avenue of the Americas, Attention: General Counsel cp., a Delaware Corporation, h effective March 31, 1994 1120 Avenue of the Americas, Attention: General Counsel	New York, NY 10036 as withdrawn			

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Charles Markey 122 For 1985 and S (OVER) ONE XOS

. DEPT-01 RECORDING \$23.00 . T#0014 TRAN 1482 04/21/94 10:12:00 \$2197 ÷ *-94-356407 COOK COUNTY RECORDER

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NAMES (S) 1953) TOS NOD USS (S) AP GENTRAL (PA) TARRITY

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:		BUSINESS ADDRESS		
1.	JOHN J. TIBBS, VP	1.			
	(Signature) InterContinental Chicago Operat	ing	Number	Street	
	(Type or print Name and Title) Cor Substituted sole Gene	Rat 1	Partner	ty/Town	
	(Name of General Partner 11 a	•	State	Zip Code	
	corporation or other entity)				
	Son 1 (0-10)				
2.	AMAINA	2.			
	John J. Tibbs VP		Number	Street	
	(Type or print None and Title) Illinois Hotels Corp., withdrawi	.ng	City/Town		
	(Name of General Partner if a GP		State	Zip Code	
	corporation or other entity)				
3.		3.			
	(Signature)		Number	Street	
•	(Type or print Name and Title)		City/Town		
•	(Name of General Partner if a		State	Zip Code	
	corporation or other entity)) .	D1 P 0000	
١.	•	Δ	40.		
•	(Signature)	-,	Number	Street	
	, , , , , , , , , , , , , , , , , , ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_	(Type or print Name and Title)	1	Cit	y/Town	
-	(Name of General Partner if a	•	State	Zip Code	
	corporation or other entity)		43.11	7 July 3341	
	•			10	
		5.			
_	(Signature)	•	Number	offeet	
-	(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 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.

PORMS 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 CASE!

RECORDING DESK BOX 170

RETURN TO:

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