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Form LP 905
(Rev. Jan. 1991)

Filing Fee \$25

SUBMIT IN DUPLICATE!

**GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS**

95482346

CERTIFICATE OF AMENDMENT TO THE APPLICATION FOR ADMISSION (foreign limited partnership)

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

OFFICE USE ONLY

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1. Limited partnership's name: Arplace Limited Partnership

2. File Number Assigned by the Secretary of State: 5007636

3. Federal Employer Identification Number (F.E.I.N.): 13-3730382

4. Admitting name or assumed name, if any, under which the limited partnership is
transacting business in Illinois: _____

5. The application for admission to transact business is amended as follows:
(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 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
902 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 limited partnership's name (give new name below).
- g) Change in date of dissolution (give new date below).
- h) Other (give information below).

Old G.P. address:

520 Madison Avenue
New York, NY 10022

New G.P. address:

888 Seventh Avenue
New York, NY 10106

DEPT-01 RECORDING \$23.00
T#7777 TRAN 5/29 07/25/95 10:58:00
#0344 : SK *-95-482346
COOK COUNTY RECORDER

95482346

03 Feb
Box
314

510-95-64750

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6. NAMES(S) & BUSINESS ADDRESS(S) 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.

SIGNATURE AND NAME

BUSINESS ADDRESS

1. [Signature]
(Signature)
Leonard Chazen Executive Vice President
(Type or print Name and Title)
Arplace Corp.
(Name of General Partner if a corporation or other entity)

1. _____
Number Street
888 Seventh Avenue
City/Town
New York, NY 10106
State Zip Code

2. _____
(Signature)

(Type or print Name and Title)

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

2. _____
Number Street

City/Town

State Zip Code

3. _____
(Signature)

(Type or print Name and Title)

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

3. _____
Number Street

City/Town

State Zip Code

4. _____
(Signature)

(Type or print Name and Title)

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

4. _____
Number Street

City/Town

State Zip Code

5. _____
(Signature)

(Type or print Name and Title)

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

5. _____
Number Street

City/Town

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.

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

9-16-96