

# UNOFFICIAL COPY

Form LP-9.5  
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

95721839

CO06082 SDSIL 09/15/95  
25.00 FF 00000819333 FILED

DEPT-01 RECORDING \$23.50  
T#0008 TRAN 5801 10/23/95 12:20:00  
#8820 # RC #--95-721839  
COOK COUNTY RECORDER

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

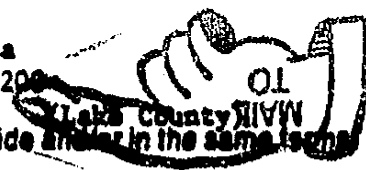
CERTIFICATE OF AMENDMENT  
TO THE  
CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)

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

- Limited partnership's name: P.C. Center Limited Partnership
- File number assigned by the Secretary of State: 006082
- Federal Employer Identification Number (F.E.I.N.): 36-3760812
- The certificate of limited partnership 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 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).

95721839

\*C,D and E) Bannockburn Lake Office Plaza  
2355 Waukegan Road - Suite A200  
Bannockburn, Illinois 60015



If additional space is needed, it must be continued on the reverse side and/or in the same form on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

23.50

C006082 SOSIL 09/15/95  
25.00 FF 0000081933 FILED

**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**

Signature *Jerry M. Ogle*

Number/Street 2355 Waukegan Road, Suite A200

Type or print name and title Jerry M. Ogle, Vice President & Secretary

City/Town Eastmoochburn,

Name of General Partner if a corporation or other entity Parkway Commerce Center Partners, Inc.

State Illinois Zip Code 60015

Signature *an IL corp*

Number/Street \_\_\_\_\_

Type or print name and title \_\_\_\_\_

City/Town \_\_\_\_\_

Name of General Partner if a corporation or other entity \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

Number/Street \_\_\_\_\_

Type or print name and title \_\_\_\_\_

City/Town \_\_\_\_\_

Name of General Partner if a corporation or other entity \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

63812156  
95721833

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

**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."

**RETURN TO:**  
Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, Illinois 62758  
Telephone: (217) 786-8600

**DO NOT SEND CASH!**