

95758955

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SUBMIT IN DUPLICATE!

CO06502 5651L 10/05/95
25.00 JJ 0000082571 FILED

DEPT-01 RECORDING 23.00
T#0008 TRAN 6780 11/06/95 15:00:00
02357 0 BJ *-95-758955
COOK COUNTY RECORDER

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

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 with pre-paid postage is included.

1. Limited partnership's name: Pleiades Partners L.P.
2. File number assigned by the Secretary of State: 000502
3. Federal Employer Identification Number (F.E.I.N.): 36-3762450
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 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 902 of the Act are kept (give new address, including county, below).
 - e) Change in the general partner's 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).

(over)

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23.50

Withdrawing General Partner:

Harris Associates L.P.
Two North LaSalle Street, Suite 500
Chicago, Illinois 60602-3790

New General Partner:

Harris Partners L.L.C.
Two North LaSalle Street, Suite 500
Chicago, Illinois 60602-3790

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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.

6. 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 [Signature] SIGNATURE AND NAME Street Two North LaSalle Street, Suite 500 BUSINESS ADDRESS

Type or print name and title Admitted General Partner City/town Chicago, Illinois

Roxanne M. Martino, President of Harris Associates, Inc. member of #

Name of General Partner if a corporation or other entity Harris Partners L.L.C. 00043583

State Illinois Zip Code 60602-3790

Signature [Signature] Street Two North LaSalle Street, Suite 500

Type or print name and title Withdrawing General Partner City/town Chicago

Roxanne M. Martino, Vice President

Name of General Partner if a corporation or other entity Harris Associates, Inc., General Partner of

Harris Associates L.P. State Illinois Zip Code 60602-3790

Signature [Signature] Street _____

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 **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."

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) 785-8950

RETURN TO:

Marcy Montgomery
Two North LaSalle Street
Suite 500
Chicago, Illinois 60602