

95084735

Filing Fee \$25

SUBMIT IN DUPLICATE!

GEORGE H. RYAN
Secretary of State
State of Illinois

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

OFFICE USE ONLY

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

1. Limited partnership name: WAYNE HUMMER & CO.

2. File number assigned by the Secretary of State: 0001413

3. Federal Employer Identification Number (F.E.I.N.): 36-1249570

4. The certificate of limited partnership is amended as follows:
(Check all applicable changes)
(Address changes P.O. Box alone and c/o are unacceptable)

DEPT-01 RECORDING 923.00
192222 TRAM 8762 02/03/95 13:03:00
93939 I.P.S. # 95-084735
COOK COUNTY RECORDER

- 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).

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a) Peder H. Culver
6-111 Highway 21
P.O. Box 677
Wautoma, Wisconsin 54982
Waushara County

Daniel G. Heck
9846 South Bell
Chicago, Illinois 60643
Cook County

Ronald A. Tyrpin
West County Line Road, Box 91A
Barrington Hills, Illinois 60010
McHenry County

f) the partners' total aggregate contribution amount is \$7,325,000.

(over)

RETURN TO Box 407
H. Rosenberg

5. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

UNOFFICIAL COPY

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

1. George T. Becker
 (Signature)
George T. Becker, a General Partner
 (Type or print name and title)

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

2. Peder H. Culver
 (Signature)
Peder H. Culver, a General Partner
 (Type or print name and title)

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

3. Daniel G. Hack
 (Signature)
Daniel G. Hack, a General Partner
 (Type or print name and title)

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

4. Ronald A. Tyrpin
 (Signature)
Ronald A. Tyrpin, a General Partner
 (Type or print name and title)

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

5. _____
 (Signature)

 (Type or print name and title)

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

1. 300 South Wacker Drive
 Number Street
Chicago
 City/Town
Illinois 60606
 State Zip Code
P.O. Box 677 6-111 Highway 21
 Number Street
Wautoma
 City/Town
Wisconsin 54982
 State Zip Code
9846 South Bell
 Number Street
Chicago
 City/Town
Illinois 60643
 State Zip Code
West County Line Road, Box 91A
 Number Street
Barrington Hills
 City/Town
Illinois 60010
 State Zip Code

2. _____
 Number Street

 City/Town

 State Zip Code

3. _____
 Number Street

 City/Town

 State Zip Code

4. _____
 Number Street

 City/Town

 State Zip Code

5. _____
 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 330, Centennial Building
 Springfield, Illinois 62756
 Telephone: (217) 785-8960

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