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Form LP 202
(Rev. Jan. 1995)

Filing Fee \$25

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COOK COUNTY CLERK'S OFFICE
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DEPT-61 RECORDING 123.50
TRAN 9597 05/29/95 10:19:00
\$2652 FILE # 96-403686
COOK COUNTY RECORDER

96403686

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.

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

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

1. Limited partnership's name: CSP Limited Partnership
 2. File number assigned by the Secretary of State: 8006165
 3. Federal Employer Identification Number (F.E.I.N.): 363822275
 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)
- 96403686
- 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).

*Registered Agent: Craig Whitehead, 1564 W. Algonquin Road, Hoffman Estates, IL 60195

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

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3 300100 BUSCL 04-30-78
25.00 41 000000000000 010000000000
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F. 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

Signature _____

Type or print name and title Craig Whitehead

General Partner

Name of General Partner if a corporation or

other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or

other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or

other entity _____

BUSINESS ADDRESS

Number/Street 1564 W. Algonquin Road

City/town Hoffman Estates, IL 60195

State _____ Zip Code _____

Number/Street _____

City/town _____

State _____ Zip Code _____

Number/Street _____

City/town _____

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) 785-8960