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(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

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\$001227 6081L 06/03/96 25.00 FF 0000092305 FILED

DEPT-U1 RECORDING \$23.50 T47777 TRAN 4161 06/11/96 11:28:00 \$0224 \$ JL *-96-446052 COOK COUNTY RECORDER

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

8 1/2" x 11" sheet, which must be stapled to this form.

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: Hartford Centre Investment Company	
2.		mber assigned by the Secretary of State:	
3.	Federal Employer Identification Number (F.E.I.N.): 36-3460614		
4.	(Check	rifficate of limited partnership is amended as follows: all applicable changes) as changes P.O. Box alone and c/o are unacceptable) 96444052	
	a)	Admission of a new general partner (give name and business address below).	
	p)	Withdrawal of a general partner (give name below).	
	<u>X</u> 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 address, including county below).		
	e)	Change in the general partners name and/or business address (give name and new address below).	
	f)	f) Change in the partners' total aggregate contribution amount (give new dollar amount below).	
		Change in limited partnership's name (give new name below).	
		Change in date of dissolution (give new date below).MAIL	
	i)	Other (give information below). Mary Dobranski BF KP	
		333 W. Wacker Dr. #2700 Chicago, K 60606	
lf a	dditiona	al space is needed, it must be continued on the reverse side and/or in the same format on a plain white	

FOR FICIAL COPY

\$001227 \$DSIL 06/03/96 25.00 FF 0000092305 FILED c) Old Information
Howard A. Nagelberg
444 North Michigan Avenue
Suite 2500
Chicago, Illinois 60611

New Information Howard A. Nagelberg 333 West Wacker Drive Suite 2700 Chicago, Illinois 60606

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 Signature	Number/Street 150 N. Wacker Dr., 16th Floor
Type or print name and title Michael T. Tomasz,	Pres City/town Chicago
Tomasz/Shidler Investment Corporation	
Name of General Partner if a corporation or	4/2
other entity	State Illinois Zip Code 60606
Signature	Number/Strent
Type or print name and title	96444052
Name of General Partner if a corporation or	
other entity	State Zip Cnde
Signature	Number/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 docu	iment, Carbon copy, photocopy or rubber stamp signatures may

FORMS OF PAYMENT:

be used on conformed copies.)

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