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(Rev. Jan. 1995)

98536393

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SUBMIT IN DUPLICATE!

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

CB131.4

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

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

1.	Limited	d partnership's name: GMGP , L.P.			
2.	File number assigned by the Secretary of State: S008840				
3.	Federal Employer Identification Number (F.E.I.N.): 36-3967350				
4.	(Check	rtificate of limited partnership is amended as follows: all applicable changes) ss changes P.O. Box alone and c/o are unacceptable)	96526093		
	a)	Admission of a new general partner (give name and business ac	idress below).		
	b)	Withdrawal of a general partner (give name below).	O _r		
	_ X _ c)	C) Change of registered agent and/or registered agent's office (give new name and address. Including county below).			
	d)	X 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>	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).			
	g)	Change in limited partnership's name (give new name below).	Then the second		
	h)	Change in date of dissolution (give new date below).	Thomas Eugene Curney		
	i)	Other (give information below).	wheeling, Il. 60090-5749		

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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Response to question #4 c) and d):

The address is incorrectly reflected, the correct address is:

1023 Wheeling Rd. Wheeling,IL 60090-5776 Cook County

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 cartificate of amendment must be signed by a general partner, all new general partners and at least one withdrawing general partner.

96536093

DUCKNESS ADDRESS

Signature Signature	Number/Street 1023 N	heeling Rd.
Type or print name and title Thomas E. Carney	City/town Wheeling	
V.P. of G.P.		
Name of General Partner if a corporation or	*Ox.	
other entity GMGP, Inc.	State 171 inois	Zip Code 60090-5776
Signature	Number/Street	an kanaga se mananggi bilancing gilir inga matulur laga pamalagan palabagan pilabagan di Maria sa Maria
Type or print name and title		
Name of General Partner if a corporation or		
other entity	State	Zip Code
Signature	Number/Street	
Type or print name and title	City/town	<u>Q</u>
Name of General Partner if a corporation or		
other entity	State	Zip Code
(Signatures must be in BLACK INK on an original docu	ıment. Carbon copy, photocopy or n	ubber stamp signatures may only

FORMS OF PAYMENT:

be used on conformed copies.)

SESTE 05/17/96 FF 0000091664

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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