

UNOFFICIAL COPY

Form LP 202
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

96544882

S001671 S0SIL 06/24/96
25.00 FF 0000093171 FILED

DEPT-01 RECORDING \$23.50
T0004 TRAN 2489 07/17/96 10:51:00
49215 SA *-96-544882
COOK COUNTY RECORDER

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)

- Limited partnership's name: Elgiloy Limited Partnership
- File number assigned by the Secretary of State: S001671
- Federal Employer Identification Number (F.E.I.N.): 36-3591263
- The certificate of limited partnership is amended as follows:
(Check all applicable changes)
(Address changes P.O. Box alone and c/o are unacceptable)

96544882

- 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).

c) New Registered Agent:

Vytas P. Ambutas, 1965 Pratt Blvd., Elk Grove Village, IL 60007



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.

UNOFFICIAL COPY

Form LP 202
(Rev. Jan. 1995)

5001671 SOSIL 06/24/96
25.00 FF 0000093171 FILED

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.

9654 1882

| SIGNATURE AND NAME | BUSINESS ADDRESS |
|--|--|
| Signature <u><i>Vytas Ambutas</i></u> | Number/Street <u>1965 Pratt Blvd.</u> |
| Type or print name and title <u>Vytas Ambutas, Asst. Sec.</u> | City/town <u>Elk Grove Village, IL 60007</u> |
| <u>Elgiloy Holding, Inc.</u> | |
| Name of General Partner if a corporation or other entity _____ | State _____ Zip Code _____ |
| Signature _____ | Number/Street _____ |
| Type or print name and title _____ | City/town _____ |
| Name of General Partner if a corporation or other entity _____ | State _____ Zip Code _____ |
| 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 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."

RETURN TO:
Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

DO NOT SEND CASH!