

# UNOFFICIAL COPY

Form LP 202  
(Rev. Jan. 1995)

Filing Fee \$25

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96612616 RECORDING

\$23.50

TS666 TRAN 6801 08/09/96 14:42:00

5818 J. J. # - 96 - 612616

COOK COUNTY RECORDER

003921 SOSIL 07/15/96  
25.00 FF 0000093871 FILED

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: Remington Group Limited Partnership
- File number assigned by the Secretary of State: 5004321
- Federal Employer Identification Number (F.E.I.N.): 36-3970494
- The certificate of limited partnership is amended as follows:  
(Check all applicable changes)  
(Address changes P.O. Box alone and c/o are unacceptable)
  - Admission of a new general partner (give name and business address below).
  - Withdrawal of a general partner (give name below).
  - Change of registered agent and/or registered agent's office (give new name and address, including county below).
  - 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).
  - Change in the general partners' name and/or business address (give name and new address below).
  - 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).
  - Other (give information below).

96612616

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.

23.50  
021

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5008721 S0SIL 07/15/96  
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### E. 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.

*Address change only*

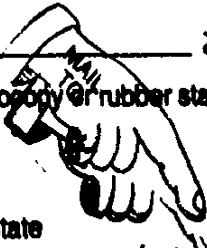
SIGNATURE AND NAME	BUSINESS ADDRESS
Signature <u><i>[Signature]</i></u>	Number/Street <u>1300 REMINGTON UNIT M</u>
Type or print name and title <u>ROLAND K. KAESER</u>	City/Town <u>SCHAUMBURG, IL 60173</u>
Name of General Partner if a corporation or other entity <u>GENERAL PARTNER</u>	State <u>IL</u> Zip Code <u>60173</u>
Signature <u><i>[Signature]</i></u>	Number/Street _____
Type or print name and title <u>ROLAND K. KAESER</u>	City/Town _____
Name of General Partner if a corporation or other entity _____	State _____ Zip Code <u>6012616</u>
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."

**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



*Mid-America  
1320 Tower Rd.  
Schaumburg, IL  
60173*

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