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SUBMIT IN DUPLICATE!

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0001391 SERIAL 05/29/96
25.00 FF 0000952110 FILED

DEPT-01 RECORDING

\$23.50

T#0008 TRAN 8808 11/21/96 11:15:00

#8257 E J # - 96 - 888443

COOK COUNTY RECORDER

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

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.

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

- Limited partnership's name: NORTHPOINT TWO PARTNERSHIP
- File number assigned by the Secretary of State: 0001391
- Federal Employer Identification Number (F.E.I.N.): 35-07915

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)

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- 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).

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
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Form LP 202
(Rev. Jan. 1995)

4b. Withdrawal of a General Partner:

Joseph J. Freed;

0001391 5051L 05/29/95
25.00 FF 0000092110 FILED

98888:43

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.



Thomas H. Freeman
Joseph Freed and Associates

Signature *X* *Joseph J. Freed*
SIGNATURE AND NAME

BUSINESS ADDRESS
Number/Street 1400 S. Wolf Road, Bldg. 100

Type or print name and title Joseph J. Freed
Withdrawing General Partner

City/town Wheeling IL 60090

Name of General Partner if a corporation or
other entity _____

State _____ Zip Code _____

Signature *X* *Joseph J. Freed*

Number/Street Same

Type or print name and title Joseph J. Freed
President

City/town Same

Name of General Partner if a corporation or
other entity Northpoint Two, Inc.

State _____ Zip Code _____

Signature _____
General Partner

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!