

# UNOFFICIAL COPY

Form LP 202  
(Rev. Jan. 1995)

969119117

Filing Fee \$25

SUBMIT IN DUPLICATE!

DEPT-01 RECORDING \$23.00  
T#0003 TRAN 9758 12/03/96 16:17:00  
48935 : LM \*-96-911907  
COOK COUNTY RECORDER

CO03530 SCSIL 11/15/96  
25.00 FF 0000098647 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: Illinois Self Storage Centers III, L.P.
- File number assigned by the Secretary of State: CO03530
- Federal Employer Identification Number (F.E.I.N.): 363332241

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)

96911907

- 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).
- d) **800 Frontage Road, Northfield, Illinois 60093**      **Cook**

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  
Box 136  
SR

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NOV 11 1996

COJ530 SOSIL 11/15/96  
25.00 FF 0000098847 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.

Signature *Robert A. Soudan* **SIGNATURE AND NAME**

Type or print name and title \_\_\_\_\_

**Robert A. Soudan, General Partner**

Name of General Partner if a corporation or

other entity \_\_\_\_\_

Signature \_\_\_\_\_

Type or print name and title \_\_\_\_\_

Name of General Partner if a corporation or

other entity \_\_\_\_\_

Signature \_\_\_\_\_

Type or print name and title \_\_\_\_\_

Name of General Partner if a corporation or

other entity \_\_\_\_\_

**BUSINESS ADDRESS**  
Number/Street 800 Frontage Road

City/town Northfield, Illinois 60093

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number/Street \_\_\_\_\_

City/town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number/Street \_\_\_\_\_

City/town \_\_\_\_\_

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

*Box 131  
SRG*