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Filing Fee \$25

SUBMIT IN DUPLICATE!

DEPT-01 RECORDING \$23.50  
187777 TRAN 5517 06/27/97 15:31:00  
43713 DR \*-97-467027  
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 APPLICATION FOR ADMISSION  
(foreign limited partnership)

- Limited partnership's name: H2O Plus, L.P.
- File number assigned by the Secretary of State: 5007200
- Federal Employer Identification Number (F.E.I.N.): 363986276
- Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:

- The application for admission to transact business is amended as follows:  
(Check all applicable changes)  
(Address changes - P.O. Box alone and c/o are unacceptable)

- 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 902 of the Act are kept (give new address, including county, below).
- e) Change in the general partner's name and/or business address (give name and new address below).
- f) Change in limited partnership's name (give new name below).
- g) Change in date of dissolution (give new date below).
- h) Other (give information below).

H2O Plus, Inc. Illinois (over) corporation

23 50  
DMM

CLP-10.4

H2O Plus, Inc. Delaware corporation

# UNOFFICIAL COPY

Form LP 905  
(Rev. Jan. 1995)

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25109 JJ 0000107045 FILED

c) Registered Agent's office address:

H2O Plus, L.P.  
845 W. Madison Street  
Chicago, Illinois 60607

d) Change in address where records are kept:

H2O Plus, L.P.  
845 W. Madison Street  
Chicago, Illinois 60607

e) Change in General Partner's business address:

If additional space is needed, it must be continued in the same format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

## 6. 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 \_\_\_\_\_

SIGNATURE AND NAME

Street \_\_\_\_\_

BUSINESS ADDRESS

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

Dennis Bookshester, City/Town Chicago, Illinois 60607

Name of General Partner if a corporation or

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

H2O Plus, Inc.

State \_\_\_\_\_

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

Signature \_\_\_\_\_

Street \_\_\_\_\_

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

City/Town \_\_\_\_\_

Name of General Partner if a corporation or

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

State \_\_\_\_\_

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

Signature \_\_\_\_\_

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

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