

UNOFFICIAL COPY

Form LP 202
(Rev. Jan. 1995)

07891035

Filing Fee \$25

SUBMIT IN DUPLICATE!

DEPT-01 RECORDING \$23.00
120009 TRAN 0542 11/26/97 16:09:00
16780 K B * - 97 - 891035
COOK COUNTY RECORDER

C007665 50511 11/20/97
25.00 FF 0600114023 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)

1. Limited partnership's name: B. I. J. LIMITED PARTNERSHIP
2. File number assigned by the Secretary of State: C007665
3. Federal Employer Identification Number (F.E.I.N.): 36-3925068
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)
 - 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) One IBM Plaza, Suite 2630, Chicago, IL 60611 e) One IBM Plaza, Suite 2630, Chicago, IL 60611

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)

NOV 10 1997

0007665 SWSIL 11/20/97
25.00 FF 0000114023 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 AND NAME

BUSINESS ADDRESS

Signature _____

Number/Street One IBM Plaza, Suite 2630

Type or print name and title Alan J. Brody, President
of Beavis, Inc., General Partner

City/town Chicago

Name of General Partner if a corporation or
other entity Beavis, Inc., an Ill. corp.

State IL Zip Code 60611

Signature *Alan J. Brody*

Number/Street _____

Type or print name and title Alan J. Brody
President

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!

CS016886
97891033