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97280043

Form LP 905
(Rev. Jan. 1995)

Filing Fee \$25

SUBMIT IN DUPLICATE!

DEPT-01 RECORDING \$23
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4643 + VF *-97-28004
COOK COUNTY RECORDER

5007636 EGSL 04/21/97
25.00 JJ 0000105142 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 APPLICATION FOR ADMISSION
(foreign limited partnership)

- Limited partnership's name: Arplace Limited Partnership
- File number assigned by the Secretary of State: 5007636
- Federal Employer Identification Number (F.E.I.N.): 75-2634476
- Admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois:
n/a

5. 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).

(over)

2300
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BOX
312

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Form LP 905
(Rev. Jan. 1995)

5907336 SOSIL 04/21/97
25.00 JJ 0060105142 FILED

Old General Partner:

Arplace Corp.

New General Partner:

New Arplace Corp.
100 Crescent Court, Suite 1000
Dallas, TX 75201

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 AND NAME

Signature *Richard R. Frapart*

Type or print name and title Richard R. Frapart
Vice President

Name of General Partner if a corporation or
other entity Arplace Corp. (Old GP)

Signature *Richard R. Frapart*

Type or print name and title Richard R. Frapart
Vice President

Name of General Partner if a corporation or
other entity New Arplace Corp. (New GP)

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or
other entity _____

BUSINESS ADDRESS

Street 100 Crescent Court, Suite 1000

City/town Dallas

State Texas Zip Code 75201

Street 100 Crescent Court, Suite 1000

City/town Dallas

State Texas Zip Code 75201

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."

Secretary of State
Department of Business Services
Limited Partnership Division

DO NOT SEND CASH

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