

Filing Fee \$25

SUBMIT IN DUPLICATE!

Vertical stamp area containing a date stamp: JUN 02 1998 09:51:30 and other administrative markings.

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: Imagetec L.P.
- 2. File number assigned by the Secretary of State: 9006170
- 3. Federal Employer Identification Number (F.E.I.N.): 363022437
- 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).

4d) 4509 Prime Parkway  
McHenry, Illinois 60050  
McHenry County

4e) Imagetec, Inc.  
4509 Prime Parkway  
McHenry, Illinois 60050

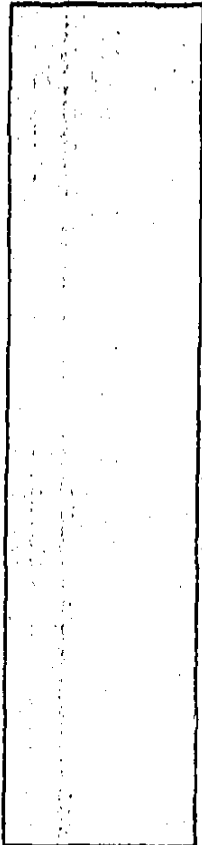
If additional space is needed, it must be continued on the reverse side and/or in the same format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

RETURN TO:

JL

# UNOFFICIAL COPY

Form LP 202  
(Rev. Jan. 1995)



## 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

### BUSINESS ADDRESS

1. Signature [Signature]

Number/Street 4509 Prime Parkway

Type or print name and title Richard F. Cucco, President

City/Town McHenry, Illinois 60050

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

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2. Signature \_\_\_\_\_

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

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

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

Name of General Partner if a corporation or other entity \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. 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!