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Form LP 202
(Rev. Jan. 1995)

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2363/0012 49 001 Page 1 of 2
1998-10-16 09:25:11
Cook County Recorder 23.50

Filing Fee \$25

SUBMIT IN DUPLICATE!



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GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

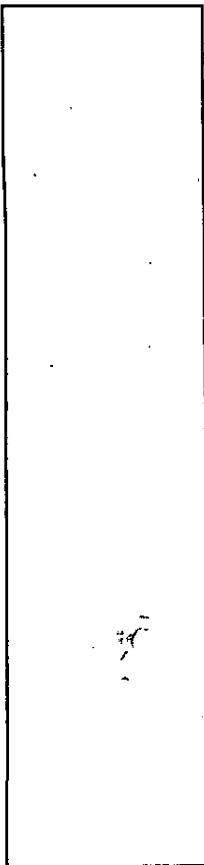
All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

1. Limited partnership's name: 436-440 Roberts DR BUILDING
2. File number assigned by the Secretary of State: 5000376
3. Federal Employer Identification Number (F.E.I.N.): 36-3219721
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).

4-c) 1000 Diversey Pkwy
Suite 225
Chicago, IL 60416

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.



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 X *Arthur M. Heller*

Number/Street X 1000 DIVERSEY PKWY

Type or print name and title ARTHUR M HELLER
GENERAL PARTNER

City/town CHICAGO, ILL
60416

Name of General Partner if a corporation or other entity _____

State ILLINOIS Zip Code 60614

Signature X *Bruce D. Heller*

Number/Street X 1000 W DIVERSEY

Type or print name and title BRUCE D HELLER
GENERAL PARTNER

City/town CHICAGO ILL 60614 SUITE 225

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!