

# UNOFFICIAL COPY

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IL 50  
Cook Co-IL



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2001-08-08 12:31:25  
Cook County Recorder 25.50

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Lexis Nexis Document Solutions  
135 South LaSalle Street  
Suite 2260 8530621-1  
Chicago, IL 60603

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1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) do not abbreviate or combine names

|  |  |                                    |  |                                  |  |   |  |
|--|--|------------------------------------|--|----------------------------------|--|---|--|
| 1a. ORGANIZATION'S NAME<br>PRAIRIE PACKAGING, INC. |  | FIRST NAME                         |  | MIDDLE NAME                      |  | SUFFIX  |  |
| OR 1b. INDIVIDUAL'S LAST NAME                      |  | FIRST NAME                         |  | MIDDLE NAME                      |  | SUFFIX  |  |
| 1c. MAILING ADDRESS<br>7207 S. MASON AVENUE        |  |                                    |  | CITY<br>BEDFORD PARK             |  | STATE<br>IL   |  |
|  |  |                                    |  | POSTAL CODE<br>60638             |  | COUNTRY<br>USA  |  |
| 1d. TAX ID # SSN OR EIN                            |  | ADD'NL INFO RE ORGANIZATION DEBTOR |  | 1e. TYPE OF ORGANIZATION<br>CORP |  | 1f. JURISDICTION OF ORGANIZATION<br>DE                                    |  |
|  |  |                                    |  |                                  |  | 1g. ORGANIZATIONAL I.D.#, if any<br>2098521 <input type="checkbox"/> NONE |  |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) do not abbreviate or combine names

|                               |  |                                    |  |                          |  |   |  |
|-------------------------------|--|------------------------------------|--|--------------------------|--|---|--|
| 2a. ORGANIZATION'S NAME       |  | FIRST NAME                         |  | MIDDLE NAME              |  | SUFFIX  |  |
| OR 2b. INDIVIDUAL'S LAST NAME |  | FIRST NAME                         |  | MIDDLE NAME              |  | SUFFIX  |  |
| 2c. MAILING ADDRESS           |  |                                    |  | CITY                     |  | STATE   |  |
|                               |  |                                    |  | POSTAL CODE              |  | COUNTRY   |  |
| 2d. TAX ID # SSN OF EIN       |  | ADD'NL INFO RE ORGANIZATION DEBTOR |  | 2e. TYPE OF ORGANIZATION |  | 2f. JURISDICTION OF ORGANIZATION                                  |  |
|                               |  |                                    |  |                          |  | 2g. ORGANIZATIONAL I.D.#, if any<br><input type="checkbox"/> NONE |  |

3. SECURED PARTY'S NAME OR NAME OF TOTAL ASSIGNEE OR ASSIGNOR S/P - insert only one secured party name (3a or 3b)

|   |  |            |  |                      |  |                |  |
|---|--|------------|--|----------------------|--|----------------|--|
| 3a. ORGANIZATION'S NAME<br>LASALLE NATIONAL LEASING CORPORATION |  | FIRST NAME |  | MIDDLE NAME          |  | SUFFIX         |  |
| OR 3b. INDIVIDUAL'S LAST NAME                                   |  | FIRST NAME |  | MIDDLE NAME          |  | SUFFIX         |  |
| 3c. MAILING ADDRESS<br>502 WASHINGTON AVENUE                    |  |            |  | CITY<br>TOWSON       |  | STATE<br>MD    |  |
|   |  |            |  | POSTAL CODE<br>21204 |  | COUNTRY<br>USA |  |

4. This FINANCING STATEMENT covers the following collateral: IL-COOK COUNTY

SEE ATTACHED

ALL E.S.

5. ALTERNATIVE DESIGNATION if applicable:  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOF  SELLER/BUYER  AG LIEN  NON-UCC FILING

6.  This FINANCING STATEMENT is to be filed (for record) (or records) in the REAL ESTATE RECORDS Attach addendum (if applicable)  7. Check to REQUEST SEARCH REPORT(S) on Debtor(S) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

8530621-1

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME  
PRAIRIE PACKAGING, INC.

OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR(S) EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

11d. TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any NONE

12. ADDITIONAL SECURED PARTY(S) OR ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

12c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers  timber to be cut or  as extracted collateral, or is filed as a  fixture filing. 16. Additional collateral description: ILL-COOK COUNTY

14. Description of real estate:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box:

Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box:

- Debtor is a TRANSMITTING UTILITY
 Filed in connection with a Manufactured-Home Transaction -- effective 30 years
 Filed in connection with a Public-Finance Transaction -- effective 30 years

30-1-1

**ATTACHMENT TO UCC-1 FINANCING STATEMENT**

**Description of Collateral:** by changing the address of Secured Party/Lessor to the addresses set forth below:

**SECURED PARTY/LESSOR ADDRESS:** One West Pennsylvania Avenue  
Towson, MD 21204

**Continuation of Previously Filed Financing Statements**

This financing statement is being filed as an initial financing statement in lieu of a continuation statement to continue the financing statements identified below, which were filed prior to the effective date of revised Article 9 and which remain in effect as of the date of this filing:

| <u>Office in which financing statement is filed</u> | <u>Date of filing of financing statement (and, if any, of most recent continuation financing statement)</u> | <u>File number of financing statement (and, if any, continuation statement)</u> |
|---|---|---|
| Cook, Co., Illinois - Fixture                       | 11/24/97  | 97879533  |
| Cook, Co., Illinois - Fixture                       | 10/08/97  | 97744427  |
| Cook, Co., Illinois - Fixture                       | 01/23/98  | 98061410  |
| Cook, Co., Illinois - Fixture                       | 01/23/98  | 98061409  |
| Cook, Co., Illinois - Fixture                       | 01/23/98  | 98061411  |
| Cook, Co., Illinois - Fixture                       | 01/23/98  | 98061408  |
| Cook, Co., Illinois - Fixture                       | 03/11/98  | 98192447  |
| Cook, Co., Illinois - Fixture                       | 12/22/97  | 97960012  |
| Cook, Co., Illinois - Fixture                       | 11/24/97  | 97879530  |
| Cook, Co., Illinois - Fixture                       | 11/24/97  | 97879531  |