# UNOFFICIAL COMPOSITION Fage 1

2002-05-16 15:02:47

Cook County Recorder

## **UCC FINANCING STATEMENT AMENDMENT**

0020564225

OLLOW INSTRUCTIONS (front and back) CAREF				
NAME & PHONE OF CONTACT AT FILER (option	mai]			
SEND ACKNOWLEDGMENT TO: (Name and A	ddress)			
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Kristine Helber	ger nor Bluician			
CT Corporation System- 208 South LaSaile	ggg prision Street			
Chicago, IL 61	0604			
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			SOVE SPACE IS FOR FILING OFFICE	IISE ONI Y
THE PARTY OF THE P		IIne At	1b. This FINANCING STATE	
, INITIAL FINANCING STATEMEN T FI! E # 975912	275 filed on 8/13	6/97 in Cook County	to be filed [for record] (or REAL ESTATE RECORD	
TERMINATION: Effectiveness of the Far incing S	Statement identified above is	terminated with respect to security intere		
CONTINUATION: Effectiveness of the rine or continued for the additional period provided Ly at p	g Statement identified above	e with respect to security interest(s) of	he Secured Party authorizing this Continua	tion Statement is
ASSIGNMENT (full or partial): Give name of ass		ddress of assignee in item 7c; and also g	ve name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This			neck only one of these two boxes.	
Also check one of the following three boxes and provide	appropriate in urman on in its	— <u> </u>		
CHANGE name and/or address: Give current record name (if name change) in item 7a or 7b and/or new	d name in item. 6a or 6b; also	give new DELETE name: Give	record name ADD name: Complete	item 7a or 7b, and also items 7d-7g (if apolica
name (if name change) in item 7a or 7b and/or new CURRENT RECORD INFORMATION:	address (if address Alai 9e)	in item 7c. So de deleted in item (	d Or Ob.	
6a. ORGANIZATION'S NAME		)		
		$\mathcal{T}_{-}$		
6b. INDIVIDUAL'S LAST NAME		FIRS NAME	MIDDLE NAME	SUFFIX
	-			
7a. ORGANIZATION'S NAME		IFIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	***		)	
c. MAILING ADDRESS	341	CITY	STATE POSTAL CODE	COUNTRY
. (III W.C.) (III )	•••			
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TY	PE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	g. ORGANIZATIONAL ID#	if any
ORGANIZATION DEBTOR				
. AMENDMENT (COLLATERAL CHANGE): chec	k only one box.		0''	
Describe collateral deleted or added, or give	e entire restated collaters	al description, or describe collateral	jassigned.	
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NAME OF SECURED PARTY OF RECORD And adds collateral or adds the authorizing Debtor, or if this	AUTHORIZING THIS AM: s is a Termination authorized	ENDMENT (name of assignor, if this is by a Debtor, chack here and enter the second sec	an Assignment). If this is an Amendment au ame of DEBTOR authorizing this Amendm	thorized by a Debtor whent.
9a. ORGANIZATION'S NAME	1			
CITIBANK, F.S.B.			MIDDLE NAME	SUFFIX
OR 9b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98) NATUCC3 4/23/01 C T System Online

10. OPTIONAL FILER REFERENCE DATA

DIMENSION CRAFT, INC.

UC	C FINANCING STATE	MENTAMENDME	ENT ADDENDUM
FOLI	LOW INSTRUCTIONS (front and ba	ck) CAREFULLY	
11. I	NITIAL FINANCING STATEMENT I	ILE # (same as item 1a on Ame	ndment form)
	97591275 filed or	1 8/13/97 in Cook C	county
12.	NAME OF PARTY AUTHORIZING	THIS AMENDMENT (same as	item 9 on Amendment form)
	12a, ORGANIZATION'S NAME		
	CITIBANK, F.S.B. 12b. INDIVIDUAL'S LAST NAME	<u></u>	
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Name of Debtor: Lak. siele Bank, not personally, but as Trustee under Trust Agreement (atcd 5/3/85 and known as Trust No. 10-1036 11254

Address of Property: 2600 W. 50ta Street, Chicago, IL 60632

P.I.N.: 19-12-212-003, 19-12-212-009, 19 12-212-022 County Clark's Office

19-12-212-007, 19-12-212-016

EXHIBITEB

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LAKESIDE BANK