49/1 0073 10 001 Page 1 of

2002-07-10 12:37:59

Cook County Recorder

23.50

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] DAVID NEVILLE 312-840-8676 B. SEND ACKNOWLEDGMENT TO: (Name and Address) LexisNexis Document Solutions 135 South LaSalle Street **Suite 2260**

0020756759

	Chica	90, II 60603 <i>16 551</i> 35-6	⁾				
a. I	NITIAL FINANCING STATE				1b. Thi	OR FILING OFFICE USE S FINANCING STATEMENT DE filed [for record] (or record AL ESTATE RECORDS.	AMENDMENT is
2.	TERMINATION: Effect	ctiveness of the cincurcing Statement identified above is	s terminated with res	pect to security interest(s) of the S	Secured Pa	rty authorizing this Terminati	on Statement.
3. [fectiveness of the Finar ciry, Statement identified abo nal period provided by applicable law.	ve with respect to se	acurity interest(s) of the Secured	Party auth	orizing this Continuation Sta	tement is
1 .	ASSIGNMENT (full or	partial): Give name of assigner in it m 7a or 7b and	address of assignee	in item 7c; and also give name of	assignor in	item 9.	
	Iso check one of the following	INFORMATION): This Amendme a affects Department of the boxes and provide appropriate infirmation in indiddress: Give current record name in item 6. ~ 65. ~ 15. 1 item 7 a or 7 b and/or new address (if address clang)	tems 6 and/or 7.	d Party of record. Check only on DELETE name: Give record name to be deleted in item 6a or 6b.	- : [] A[two boxes. DD name: Complete item 7a m 7c; also complete items 7	
ŝ. (CURRENT RECORD INFO	ORMATION:	<u> </u>				
	6a. ORGANIZATION'S NA ENTERPRISE	DRIVE, L.L.C.	4				
OR	6b. INDIVIDUAL'S LAST N	AME	FIRST IAME),	MIDDLE	NAME	SUFFIX
7. (CHANGED (NEW) OR AD	DED INFORMATION:					
	7a. ORGANIZATION'S NA	ME		7/			
OR	7b. INDIVIDUAL'S LAST N	MAME	FIRST NAME	· O.	MIDDLE	NAME	SUFFIX
7c. I	MAILING ADDRESS		CITY	0	STATE	POSTAL CODE	COUNTRY
7d.	TAX ID #: SSN OR EIN	ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTIO	N OF ORGANIZATION	o ORG	SANIZATIONAL ID #, if any	NONE
		TERAL CHANGE): check only <u>one</u> box. ted or added, or give entire restated collater	ral description, or de	escribe collateral assigned.		Office	

ds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. IASALLE BANK NATIONAL ASSOCIATION						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			

UNOFFICIAL COPY 1998 5 of 5

EXHIBIT A Legal Description

THAT PART OF LOTS 1 AND 2 LYING NORTH OF THE FOLLOWING DESCRIBED LINE, BEGINNING AT A POINT ON THE WEST LINE OF SAID LOT 2 THAT IS 32.50 FEET SOUTH OF THE NORTHWEST CORNER OF SAID LOT 2; THENCE SOUTH 89 DEGREES, 56 MINUTES, 35 SECONDS EAST TO A POINT ON THE WEST RIGHT OF WAY OF ENTERPRISE DRIVE, IN ENTERPRISE CENTRE SUBDIVISION, BEING A SUBDIVISION OF PART OF THE NORTHEAST 1/4 OF SECTION 30, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS ACCORDING TO THE PLAT THEREOF RECORDED ON AUGUST 4, 1989 AS DOCUMENT NUMBER 89357915.

Address:

2205-22.15 Enterprise Drive

Westchester, Illinois

Permanent Index Number:

15-30-205-001-0000

15-30-205-002-0000

Document Number: 468948