UNOFFICIAL CO231011257

2002-09-16 09:58:50

Cook County Recorder

MIDDLE NAME

D.C. |20036

POSTAL CODE

7g.)RGANIZATIONAL ID #, if any

34.50

SUFFIX

COUNTRY

NONE

USA

UCC FINANCING STATEMENT AMENDMENT

7. CHANGED (NEW) OR ADDED INFORMATION:

CIG INTERNATIONAL, LLC

1350 CONNECTICUT AVE., N.W., #1250

ORGANIZATION DEBTOR

8. AMENDMENT (COLLATERAL CHANGE); check only one box.

ADD'L INFO RE | 7e. TYPE OF ORGANIZATION

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME

7c. MAILING ADDRESS

7d. TAX ID #: SSN OR EIN

0021011257

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) KAREN PARR LEXISNEXIS DOCUMENT SERVICES 801 ADLAI STEVENSON DRIVE SPRINGFIELD, IL 62703 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ta. INITIAL FINANCING STATEMENT FILE This FINANCING STATEMENT AMENDMENT is 19238870 to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law 4. ASSIGNMENT (full or partial): Give name of assignee in item 7 or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or (b) also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7c ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicab DELETE name: Give record name to be deleted in item 6a or 6b 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S LAST NAME FIRST NA. 15 MIDDLE NAME SUFFIX

FIRST NAME

WASHINGTON

7f. JURISDICTION OF ORGANIZATION

 NAME OF SECURED PARTY OF RECORD adds collateral or adds the authorizing Debtor, or if the 	DAUTHORIZING THIS AMENDMENT (name of assignor, if this this is a Termination authorized by a Debtor, check here and ent	s is an Assignment). If this is an Amendment au	uthorized by a Debtor whi
9a. ORGANIZATION'S NAME LEHMAN BROTHERS HO			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

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LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
WAREN DARR			
KAREN PARR LEXISNEXIS DOCUMENT SERVICES			
801 ADLAI STEVENSON DRIVE			
SPRINGFIELD, IL 62703			
SPRINGFIELD, IL 02703			
		and the same of the same time.	ONLY
	THE ABOVE SPA	ACE IS FOR FILING OFFICE USE 1b. This FINANCING STATEMENT	AMENDMENT is
INITIAL FINANCING STATEMENT FILE 1,1238870		to be filed [for record] (or record REAL ESTATE RECORDS.	ded) in the
TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the	Secured Party authorizing this Termination	on Statement.
CONTINUATION: Effectiveness of the Financing Striament identified above continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secured	Party authorizing this Continuation Sta	atement is
ASSIGNMENT (full or partial): Give name of assignee in the notion or 7b and a	address of assignee in item 7c; and also give name of	assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affect	otor or Secured Party of record. Check only o	ne of these two boxes.	
Also check one of the following three boxes and provide appropriate information in it	tems 6 and/or 7. give new T DELETE name: Give record name	e ADD name: Complete item 7a	or 7b, and also
CHANGE name and/or address: Give current record name in item 6a or 6l, als name (if name change) in item 7a or 7b and/or new address (if address share)	em 7c. to be deleted in item 6a or 6b.	item 7c; also complete items 7	d-7g (if applicat
CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME	7		
oz. Ordanie	' ()		
6b. INDIVIDUAL'S LAST NAME	FIRST N. ME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:	7		
78. ORGANIZATION'S NAME CIG INTERNATIONAL, LLC			
R 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	()		
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
1350 CONNECTICUT AVE., N.W., #1250	WASHINGTON	D.C. 20036	USA
I. TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR I	7f. JURISDICTION OF ORGANIZATION	1,0	N
AMENDMENT (COLLATERAL CHANGE): check only one box.		Orgina	
Describe collateral deleted or added, or give entire restated collater	ral description, or describe collateral 🔲 assigned	///	
		CO	
A DECLIDED DARTY OF DECORD ALTHOUGHING THIS AN	AFNOMENT (name of assignor if this is an Assigno	tent). If this is an Amendment authorized	1 by a Debtor wh
. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	MENDMENT (name of essignor, if this is an Assignor d by a Debtor, check here	ent). If this is an Amendment authorized BTOR authorizing this Amendment.	d by a Debtor wh
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized [9a. ORGANIZATION'S NAME]	d by a Debtor, check here and enter name of DE	eent). If this is an Amendment authorized BTOR authorizing this Amendment.	d by a Debtor wi
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	d by a Debtor, check here and enter name of DE	ent). If this is an Amendment authorized BTOR authorizing this Amendment.	d by a Debtor wh

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LOW INSTRUCTIONS (front and back) CAREFULLY IAME & PHONE OF CONTACT AT FILER [optional]			
END ACKNOWLEDGMENT TO: (Name and Address)			
KAREN PARR			
LEXISNEXIS DOCUMENT SERVICES			
801 ADLAI STEVENSON DRIVE			
SPRINGFIELD, IL 62703			
	THE ABOVE SP	ACE IS FOR FILING OFFICE USE	ONLY
NITIAL FINANCING STATEMENT FILE 10238870		1b. This FINANCING STATEMENT to be filed [for record] (or record REAL ESTATE RECORDS.	rded) in the
TERMINATION: Effectiveness of the Financing Sillement identified above is	terminated with respect to security interest(s) of the	Secured Party authorizing this Terminat	ion Statement.
CONTINUATION: Effectiveness of the Financing Statement identified above	e with respect to security interest(s) of the Secure	d Party authorizing this Continuation St	atement is
continued for the additional period provided by applicable law. **ASSIGNMENT (full or partial): Give name of assignee in 16.17. or 70 and an	ddress of assignee in item 7c; and also give name	of assignor in item 9.	
MENDMENT (Full or partial): Give name or assigned in Survival to a MENDMENT (PARTY INFORMATION): This Amendment affect	itor or Secured Party of record. Check only	one of these two boxes.	
use check one of the following three boxes and provide appropriate information in its	ems 6 and/or 7.		oor 7h and als
CHANGE name and/or address: Give current record name in item 5a or 8b also name (if name change) in item 7a or 7b and/or new address (if address change)	give new DELETE name: Give record name to be deleted in item 6a or 6b.	item 7c; also complete items	7d-7g (if apolica
CURRENT RECORD INFORMATION:	<u> </u>		
6a, ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	0/		
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME CIG INTERNATIONAL, LLC			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
		STATE POSTAL CODE	COUNTR
MAILING ADDRESS	WASHINGTON	D.C. 20036	USA
1350 CONNECTICUT AVE., N.W., #1250 TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	/ç ORGANIZATIONAL ID #, if any	1
ORGANIZATION DEBTOR		`C	
AMENDMENT (COLLATERAL CHANGE): check only one box.		d. Office	
Describe collateral deleted or added, or give entire restated collater	ral description, or describe collateral assigne	d.	
		C)
			,
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN	IENDMENT (name of assignor, if this is an Assign	ment). If this is an Amendment authorize	ed by a Debtor w
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	MENDMENT (name of assignor, if this is an Assign d by a Debtor, check here and and enter name of D	ment). If this is an Amendment authorize EBTOR authorizing this Amendment.	od by a Debtor w
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized [9a. ORGANIZATION'S NAME]	d by a Debtor, check here and enter name of D	ment). If this is an Amendment authorized	d by a Debtor w
	d by a Debtor, check here and enter name of D	ment). If this is an Amendment authorize EBTOR authorizing this Amendment. MIDDLE NAME	od by a Debtor w

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UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and b	back) CAREFULLY	
11. INITIAL FINANCING STATEMENT 10238870	FILE # (same as item 1a on Ame	endment form)
12. NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME LEHMAN BROTHER		
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13. Use this space for additional inform	nation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

INITIAL FINANCING STATEMENT #10238870 WAS RECORDED ON MARCH 26, 2001 WITH THE COOK COUNTY, ILLINOIS RECORDER.

DEBTOR'S NAME AND ADDRESS IS AS FOLLOWS: Coot County Clart's Office

BRYN MAWR PLACE, L.L.C. c/o NERI DEVELOPMENT, INC. 7760 WEST DEVON, SUITE B CHICAGO, IL 60631

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UCC FINANCING STATEM	MENT AMENDME	NI ADDENDOM
FOLLOW INSTRUCTIONS (front and bac	K) CAREFULLY	dmont form)
11. INITIAL FINANCING STATEMENT F	ILE # (same as item 1a on Ame:	nameni toini)
10238870		
12. NAME OF PARTY AUTHORIZING 1	HIS AMENDMENT (same as	tem 9 on Amendment form)
12a. ORGANIZATION'S NAME	rear payon Dic	1
LEHMAN BROTHERS	S HOLDINGS, INC	·
OR 12b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13. Use this space for additional information	tion	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

INITIAL FINANCING STATEMENT #10238870 WAS RECORDED ON MARCH 26, 2001 WITH THE COOK COUNTY, ILLINOIS RECORDER.

SPC COUNTY CLART'S OFFICE DEBTOR'S NAME AND ADDRESS IS AS FOLLOWS:

BRYN MAWR PLACE, L.L.C. c/o NERI DEVELOPMENT, INC. 7760 WEST DEVON, SUITE B CHICAGO, IL 60631

UNOFFICIAL COPY 1257

LLOW INSTRUCTIONS (front and I INITIAL FINANCING STATEMENT 10238870	Dack) CAREFULLY FILE # (same as item 1a on Amer	ndment form)
NAME OF PARTY AUTHORIZING 128, ORGANIZATION'S NAME LEHMAN BROTHER		
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

INITIAL FINANCING STATEMENT #10238870 WAS RECORDED ON MARCH 26, 2001 WITH THE COOK COUNTY, ILLINOIS RECORDER.

DEBTOR'S NAME AND ADDRESS IS AS FOLLOWS: COOT COUNTY CLOPTS OFFICE

BRYN MAWR PLACE, L.L.C. c/o NERI DEVELOPMENT, INC. 7760 WEST DEVON, SUITE B CHICAGO, IL 60631