2002-12-06 14:08:36

Cook County Recorder

26.50

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address)



LexisNexis Document Solutions			
135 South LaSalle Street Suite 2260			
	!		
Chicago, Il 60603			
	THE ABOVE SPA	ACE IS FOR FILING OFFICE USE O	NLY
1a. INITIAL FINANCING STATEMENT FILE# 98189311 03/10/19	98	1b. This FINANCING STATEMENT.	AMENDMENT Is
		to be filed [for record] (or records REAL ESTATE RECORDS.	
TERMINATION: effectiveness of the financing Statement identified above is CONTINUATION: Effectiveness of the Financing Statement identified above.			
continued for the additional period provided by applicable law.			t is
4. ASSIGNMENT (full or partial): Give name of assign secretiem 7a or 7b and a	address of assignee in item 7c; and also give name of	assignor in item 9.	
	btor or Secured Party of record. Check only or	ne of these two boxes.	
Also check one of the following boxes and provide appropriate information in items 6 CHANGE name and/or address: Give current record name in item 6a or ob; also name (if name change) in item 7a or 7b and/or new address (if address change)		me ADD name: Complete item 7a	or 7b and also
6. CURRENT RECORD INFORMATION:	in item 7c. I to be deleted in item 6a or 6b.	ne ADD name: Complete item 7a item 7c; also complete items 7c	f-7g (if applicable).
6a. ORGANIZATION'S NAME			
LASALLE BANK NATIONAL ASSOCIATION, 47	47 M. IRVING PK. RD., C	HICAGO, IL 60641	
OR 65. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	C		
7. CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME]	<u> </u>		
THE CHOMIZATION SHAWLE	4h-		
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
135 S. LASALLE ST.	CHICAGO	IL 60603	USA
7d. TAX ID# SSN OR EIN ADD'NL INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	a ORGANIZATIONAL ID#, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.		0.	, 1113115
Describe collateral deleted or added, or give entire restated collatera	description, or describe collateral assigned.	O _{ffic}	
		· (C_	
		-(0)	
D. MAME OF SECURED BADTY OF BEGODE AUTION THE			
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by		nt). If this is an Amendment authorized by TOR authorizing this Amendment.	a Debtor which
9a. ORGANIZATION'S NAME			
LASALLE BANK NATIONAL ASSOCIATION, 47	47 W. IRVING PK. RD., CH	IICAGO, IL 60641	
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA IL-COOK COUNTY 0612737879/9540			

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
11. INITIAL FINANCING STATEMENT FILE # (98189311	same as item 1a on Amend 03/10/1998	iment for	n)	
12. NAME OF PARTY AUTHORIZING THIS	AMENDMENT (same as ite	m 9 on Am	endment form)	
12a. ORGANIZATION'S NAME				
LASALLE BANK NATIONAL	ASSOCIATION,	4747	W.	
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME, SUFFIX	
13. Use this space for additional informat DEBTOR NAME	lon:			
ARMON, INC.				

Poperty of Coot County Clert's Office THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

2265 CARLSON DRIVE NORTHBROOK, IL 60062

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