UNOFFICIAL COPOS STATE OF THE PAGE 1 OF 2003-03-20 15:18:58 Cook County Recorder 28.00 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) CT Corporation System-UCC Division 208 South LaSalle Street Chicago, 11 80804 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 18. INITIAL FINANCING STATEMENT, F.C. DATED 9/04/01, FILED IN COOK COUNTY, IL This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the 2. X TERMINATION: Effectiveness of the Fir and , Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Finant inc 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 ASSIGNMENT (full or partial): Give name of assign and it is 7a or 7b and address of assignee in Item 7c; and also give name of assignor in Item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment elects 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 / 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c DELETE name: Give record name to be deleted in dem 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7o (if applica 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME GAS RECOVERY SERVICES OF ILLINOIS, INC. MIDDLE NAME SUFFIX CHANGED (NEW) OR ADDED INFORMATION: 7a, ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME TRST NAME MIDDLE NAME SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADD'L INFO RE | 7e. TYPE OF ORGANIZATION 7d. TAX ID #: SSN OR EIN 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds 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. 9a. ORGANIZATION'S NAME HELLER FINANCIAL, INC., AS COLLATERAL AGENT OR 9b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX

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10, OPTIONAL FILER REFERENCE DATA

475225

13. Use this space for additional information

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PROPERTY ADDRESS:

55 E. MUNDHANK ROAD OFFICE SOUTH BARRINGTON, ILLINOIS 60010 COOK COUNTY, ILLINOIS

PIN NOS.:

01-25-400-001 01-25-301-003 MAR 20, 2003 10:19 FR BELL BOYD& LLOYD LLC 3123722098 TO 5015#114479#2#18 P. 02 Page 3 of

JUN-87-81 17:33 PROM-COOPER.WHITE COUPLLP

Barry for

· LEGAL DESCRIPTION OF LANDFILL PROPERTY

THE WEST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 25 AND ALSO THE EAST 30 ACRES OF THE SOUTH 55 ACRES OF THE EAST 1/2 OF THE SOUTH WEST 1/4 OF SECTION 25, TOWNSHIP 42 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, COOK COUNTY, ILLINOIS.

PIN Nos.:

01-25-400-001 · 01-25-301-003

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EXHIBIT A

L'ENDOVIONE N