## UNOFFICIAL COP

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] DILIGENZ, INC. 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address) T5247490

Doc#: 0334344036 Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 12/09/2003 10:19 AM Pg: 1 of 1

Do De field (for record) or recorded	
THE ABOVE SPACE IS FOR FILING OFFICE USE ON.  I.B. INTINAL FIRANCING STA EMPIRITE F.  0020057491 1/15 2002	
THE ABOVE SPACE IS FOR FILING OFFICE USE ON.  The ABOVE SPACE IS FOR	JITE 400
THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  1s. INITIAL FINANCING STA SEMPLY FILE # 00/2005/1491 1/15/2002  2 TERMINATION: Effectiveness or we Structure Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement continued for the additional princip brokes by supplicable law.  2 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement continued for the additional princip brokes by supplicable law.  3 TERMINATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party subnotizing this Termination Statement continued for the additional princip brokes by subnoticing this Continuation Statement continued for the additional princip brokes by subnoticing this Continuation Statement continued the through the subnoting this continuation is subnoticed.  3 TERMINATION: This Aprincip brokes is in immation in forms a ratio of the additional princip brokes by subnoticing this principal brokes.  4 TERMINATION: This Aprincip brokes is instructed in the subnotice of the subnotice of the subnotice brokes.  5 TERMINATION: This Aprincip brokes in immation in forth subnotice of the sub	7112 100
18. INTIAL FINANCING STATEMENT FILE #  00.20057491 1/5 2/002  2. ■ TERMINATION: Effectivement on the Financing Statement Identified above is terminated with respect to security interest(s) of the Security Authoriting the Termination Statement Continues for the additional part of princing Statement Identified above with respect to security interest(s) of the Security Authoriting the Termination Statement Continues for the additional part of princing Statement Identified above with respect to security interest(s) of the Security Party suthorizing the Continuation Statement Continues for the additional part of princing Statement Identified above with respect to security interest(s) of the Security Party suthorizing the Continuation Statement Continues for the additional party suthorizing the Continuation Statement Continues for the additional party suthorizing the Continuation Statement Continues for the additional party suthorizing the Continuation Statement Continues for the additional party suthorizing the Continuation Statement Continues for the additional party suthorizing the Continuation Statement Continuation Continu	
18. INTIAL FINANCING STATEMENT FILE #  00.20057491 1/5 2/002  2. ■ TERMINATION: Effectivement on the Financing Statement Identified above is terminated with respect to security interest(s) of the Security Authoriting the Termination Statement Continues for the additional part of princing Statement Identified above with respect to security interest(s) of the Security Authoriting the Termination Statement Continues for the additional part of princing Statement Identified above with respect to security interest(s) of the Security Party suthorizing the Continuation Statement Continues for the additional part of princing Statement Identified above with respect to security interest(s) of the Security Party suthorizing the Continuation Statement Continues for the additional party suthorizing the Continuation Statement Continues for the additional party suthorizing the Continuation Statement Continues for the additional party suthorizing the Continuation Statement Continues for the additional party suthorizing the Continuation Statement Continues for the additional party suthorizing the Continuation Statement Continuation Continu	
The THANCING STATEMENT NEW ODO 2007-99 1 1 5 2002    TERMINATION: Effectiveness or 'or Financing Statement Identified above is terminated with respect to security interest(s) of the Security Authoriting the Termination Statement Continues for the additional parts of the inchicage Statement Identified above with respect to security interest(s) of the Security Authoriting the Termination Statement Continues for the additional parts of privide, the population of the Security Parts withoriting the Termination Statement Continues for the additional parts of privide, the population of the Security Parts withoriting the Continuation Statement Continues for the additional parts of the additional parts of the Security Parts withoriting the Continuation Statement Continues for the additional parts of the additional parts of the Security Parts withoriting the Continuation Statement Continues for the additional parts of the Security Parts withoriting the Continuation Statement Continues for the additional parts of the Security Pa	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
UNITY OF THE BOUND STATE RECORDS.    TERMINATION: Effectiveness of the Francing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing its termination Statement continued for the additional particle, they submitted the termination Statement continued for the additional particle physical properties of purposited the submitted provides (the purposited in the purposited provides (the purposited in the purposited provides (the purposited provides (the purposited provides purposited in the manufact and state and provides purposited provides purposited in the manufact and state and provides purposited provides purposited in the manufact and state and provides purposited provides purposited in the manufact and state provides purposited provides pu	1b. This FINANCING STATEMENT AMENDMENT is
TERMINATION: Effectivenes of the Strainforg Statement identified above is terminated with respect to security interest(s) of the Secured Party suthorizing this Termination Statement Continued to the additional propriotide. Physiophociate liew.  4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party suthorizing this Continuation Statement Continued for the additional production provides. Physiophociate liew.  4. CASSIGNMENT (full or partial). Give hartne of principles in lam 7a or 7b and address of assignment in fam 7c, and also give name of assignor in item 9.  5. AMENDMENT (PARTY INFORMATION): This Amundment affects. Deabor or an experiment of assignment of assignment of assignment of assignment of the principles in the principles of the family such assignment of ass	to be filed (for record) (or recorded) in the
3. CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to security interestic) of the Secured Party authorizing this Continuation Statement continues for the additional province, the properties the properties in the province of the security interestic) of the secured Party of the Secured Pa	
5. AMENDMENT (PARTY INFORMATION): This art indement effects   Debtor or   Secured Party of record. Check only one of these two boxes. Also check day of the following three boxes and provide apopting is in immation in laters 6 and/or 7. Also check day of the following three boxes and provide apopting is in immation in laters 6 and/or 7.  Also check day of the following three boxes and provide apopting is in immation in laters 6 and/or 7.  Also check day of the following three boxes and provide apopting is in immation in laters 6 and/or 7.  Also check day of the following three boxes and provide apopting is in immation in laters 6 and/or 7.  Chancer (in terms change) in later 7 or 7	we with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is
Also check gas of the following three boxes and provide approp are in immalian in items 6 anctor 7.    Change in the following three boxes and provide approp are in immalian in items 6 anctor 7.	address of assignee in item 7c; and also give name of assignor in item 9.
CHANGE runs and/or address: Give quantif record runs is larm for of this lab give new control runs   Change runs and run	- <b>-</b> - · · ·
Team's (if name change) in lasm 7s of 25 and/or new address (if all lass) change) in lasm 7c.   15 be deleted in lasm 6s or 6b.   Team 7c, also complete lasms 7c.7g of 6s. CURRENT RECORD INFORMATION:    Gs. ORGANIZATION'S NAME	
GB. INDIVIDUAL'S LAST NAME  MASCORRO  7. CHANGED (NEW) OR ADDED INFORMATION:  76. ORGANIZATION'S NAME  OR  76. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  STATE  FOSTAL CODE  C  76. TAXID'#: SSN OR EN   ADDL INFO RE   76. TYPE OF ORGANIZATION   77. JURISDICTION OF ORGANIZATION   77. O	to be deleted in Item 8a or 6b.  ADD hame: Complete item 7a or 7b, and also item 7c; also complete, items 7d-7g (if applicable).
OR 6b. INDIVIDUAL'S LAST NAME	
MASCORRO  7. CHANGED (NEW) OR ADDED INFORMATION:  76. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  STATE  FOSTAL CODE  CTY  STATE  STATE  FOSTAL CODE  CTY	
MASCORRO  7. CHANGED (NEW) OR ADDED INFORMATION:  76. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  STATE  FOSTAL CODE  CTY  STATE  STATE  FOSTAL CODE  CTY	LIDER WAS LAND
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  STATE  POSTAL CODE  CRANIZATION DEBTOR  8. AMENDMENT (COLLATERAL CHANGE): check only gap box. Describe collabrari Deletion  7c. TAXID #: SSN OR EIN ADD'LINFO RE 17c. TYPE OF ORGANIZATION DEBTOR  8. AMENDMENT (COLLATERAL CHANGE): check only gap box. Describe collabrari Deletion  7c. TAXID #: SSN OR EIN ADD'LINFO RE 17c. TYPE OF ORGANIZATION DEBTOR  7c. TAXID #: SSN OR EIN ADD'LINFO RE 17c. TYPE OF ORGANIZATION PROPECTION DESCRIBE AND COLLATERAL CHANGE): check only gap box. Describe collabrari Deletion  7c. TAXID #: SSN OR EIN ADD'LINFO RE 17c. TYPE OF ORGANIZATION PROPECTION DESCRIBE AND DESCRIBE A	
76. INDIVIDUAL'S LAST NAME	LIVEA
OR 7b. INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   S  7c. MAILING ADDRESS   CITY   STATE   POSTAL CODE   C  7d. TAXID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any	
7c. MAILING ADDRESS  GTY  STATE POSTAL CODE  C  7d. TAXID #: SSN OR EIN   ADD'L INFO RE   7c. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, # any   DEBTOR  8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral   deleted or   edded, or give entitle   restated collateral   description, or describe collateral   easigned.  **OF THE BANK CONE/FCCC COMMERCIAL MORTGAGE LOAN TRUST COMMERCIAL MORTGAGE PASS THP.OF.3H CERTIFICATES 2000 C1  THE EAST 50.05 FEET OF LOTS 1, 2 & 3 IN SUBDIVISION OF BLOCK 11 OF MORRIS AND OTHERS SUBDIVISION OF 11 Y V/EST 1/2 OF SOUTH WEST 1/4 OF SECTION 18, TOWNSHIP 39 NORTH, RANGE 14 IN COOK COUNTY, ILLINOIS.  PROPERTY ADDRESS: 2300 N. TAYLOR, CHICAGO, IL TAX ID# 17-18-315-061-0000  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 Dedde 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.    Sa. ORGANIZATION'S NAME   LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	<sup>3</sup> O <sub>∗</sub>
7c. MAILING ADDRESS  CITY  STATE POSTAL CODE  C  7d. TAXID #: SSN OR EIN   ADDLINFO RE   7c. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATION   1/2 ORGANIZATI	
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, # any ORGANIZATION   DEBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, # any DEBTOR   7g. ORGANIZATIONAL   7g. ORGANIZA	FIRST NAME SUFFIX
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, # any ORGANIZATION   DEBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, # any DEBTOR   7g. ORGANIZATIONAL   7g. ORGANIZA	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.  **OF THE BANK CONE/FCCC COMMERCIAL MORTGAGE LOAN TRUST COMMERCIAL MORTGAGE PASS THPO/SH CERTIFICATES 2000 C1  THE EAST 50.05 FEET OF LOTS 1, 2 & 3 IN SUBDIVISION OF BLOCK 11 OF MORRIS AND OTHERS SUBDIVISION OF THE VEST 1/2 OF SOUTH WEST 1/4 OF SECTION 18, TOWNSHIP 39 NORTH, RANGE 14 IN COOK COUNTY, ILLINOIS.  PROPERTY ADDRESS: 2300 N. TAYLOR, CHICAGO, IL  TAX ID# 17-18-315-061-0000  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 Dedds collateral or adds the authorizing Deblor, or if this is a Termination authorized by a Deblor, check here and enter name of DEBTOR authorizing this Amendment.  19. ORGANIZATION'S NAME  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	CITY STATE POSTAL CODE COUNTRY
8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.  **OF THE BANK CONE/FCCC COMMERCIAL MORTGAGE LOAN TRUST COMMERCIAL MORTGAGE PASS THPO/SH CERTIFICATES 2000 C1  THE EAST 50.05 FEET OF LOTS 1, 2 & 3 IN SUBDIVISION OF BLOCK 11 OF MORRIS AND OTHERS SUBDIVISION OF THE VEST 1/2 OF SOUTH WEST 1/4 OF SECTION 18, TOWNSHIP 39 NORTH, RANGE 14 IN COOK COUNTY, ILLINOIS.  PROPERTY ADDRESS: 2300 N. TAYLOR, CHICAGO, IL  TAX ID# 17-18-315-061-0000  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 Dedds collateral or adds the authorizing Deblor, or if this is a Termination authorized by a Deblor, check here and enter name of DEBTOR authorizing this Amendment.  19. ORGANIZATION'S NAME  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	TO HOLD DE LA CONTRACTION AND AN AND AND
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.  **OF THE BANK CONE/FCCC COMMERCIAL MORTGAGE LOAN TRUST COMMERCIAL MORTGAGE PASS 1HP.OUGH CERTIFICATES 2000 C1  THE EAST 50.05 FEET OF LOTS 1, 2 & 3 IN SUBDIVISION OF BLOCK 11 OF MORRIS AND OTHERS SUBDIVISION OF 1FT. VEST 1/2 OF SOUTH WEST 1/4 OF SECTION 18, TOWNSHIP 39 NORTH, RANGE 14 IN COOK COUNTY, ILLINOIS.  PROPERTY ADDRESS: 2300 N. TAYLOR, CHICAGO, IL  TAX ID# 17-18-315-061-0000  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 Dadda 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  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.  **OF THE BANK CONE/FCCC COMMERCIAL MORTGAGE LOAN TRUST COMMERCIAL MORTGAGE PASS THEOUSH CERTIFICATES 2000 C1  THE EAST 50.05 FEET OF LOTS 1, 2 & 3 IN SUBDIVISION OF BLOCK 11 OF MORRIS AND OTHERS SUBDIVISION OF THE VEST 1/2 OF SOUTH WEST 1/4 OF SECTION 18, TOWNSHIP 39 NORTH, RANGE 14 IN COOK COUNTY, ILLINOIS.  PROPERTY ADDRESS: 2300 N. TAYLOR, CHICAGO, IL TAX ID# 17-18-315-061-0000  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 Dedder collected 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.  98. ORGANIZATION'S NAME  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	NONE
**OF THE BANK CONE/FCCC COMMERCIAL MORTGAGE LOAN TRUST COMMERCIAL MORTGAGE PASS THE OF GRANT CERTIFICATES 2000 C1  THE EAST 50.05 FEET OF LOTS 1, 2 & 3 IN SUBDIVISION OF BLOCK 11 OF MORRIS AND OTHERS SUBDIVISION OF 11 1 VEST 1/2 OF SOUTH WEST 1/4 OF SECTION 18, TOWNSHIP 39 NORTH, RANGE 14 IN COOK COUNTY, ILLINOIS.  PROPERTY ADDRESS: 2300 N. TAYLOR, CHICAGO, IL TAX ID# 17-18-315-061-0000  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 Dadda 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  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	
THE EAST 50.05 FEET OF LOTS 1, 2 & 3 IN SUBDIVISION OF BLOCK 11 OF MORRIS AND OTHERS SUBDIVISION OF THE VEST 1/2 OF SOUTH WEST 1/4 OF SECTION 18, TOWNSHIP 39 NORTH, RANGE 14 IN COOK COUNTY, ILLINOIS.  PROPERTY ADDRESS: 2300 N. TAYLOR, CHICAGO, IL TAX ID# 17-18-315-061-0000  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 Dadds 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 LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	_ (/_
THE EAST 50.05 FEET OF LOTS 1, 2 & 3 IN SUBDIVISION OF BLOCK 11 OF MORRIS AND OTHERS SUBDIVISION OF 17 L VEST 1/2 OF SOUTH WEST 1/4 OF SECTION 18, TOWNSHIP 39 NORTH, RANGE 14 IN COOK COUNTY, ILLINOIS.  PROPERTY ADDRESS: 2300 N. TAYLOR, CHICAGO, IL TAX ID# 17-18-315-061-0000  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 Dadds colleteral 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  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	AN TRUST COMMERCIAL MORTGAGE PASS THP.OF GH CERTIFICATES, SERIES
SOUTH WEST 1/4 OF SECTION 18, TOWNSHIP 39 NORTH, RANGE 14 IN COOK COUNTY, ILLINOIS.  PROPERTY ADDRESS: 2300 N. TAYLOR, CHICAGO, IL  TAX ID# 17-18-315-061-0000  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 D 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  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	
SOUTH WEST 1/4 OF SECTION 18, TOWNSHIP 39 NORTH, RANGE 14 IN COOK COUNTY, ILLINOIS.  PROPERTY ADDRESS: 2300 N. TAYLOR, CHICAGO, IL  TAX ID# 17-18-315-061-0000  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 D 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  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	ALOCK 11 OF MORRIS AND OTHERS SUBDIVISION OF 11' VEST 1/2 OF THE
PROPERTY ADDRESS: 2300 N. TAYLOR, CHICAGO, IL TAX ID# 17-18-315-061-0000  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 Dadds 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 LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	NGE 14 IN COOK COUNTY, ILLINOIS.
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 Dadds collateral or adds the authorizing Deblor, or if this is a Termination authorized by a Deblor, check here and enter name of DEBTOR authorizing this Amendment  9a. ORGANIZATION'S NAME  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	
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, check here and enter name of DEBTOR authorizing this Amendment  9a. ORGANIZATION'S NAME  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	
adds colleteral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and emeriname of DEBTOR authorizing this Amendment.  9s. ORGANIZATION'S NAME  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	
adds colleteral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and emeriname of DEBTOR authorizing this Amendment.  9a. ORGANIZATION'S NAME  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	
adds colleteral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and emeriname of DEBTOR authorizing this Amendment.  9s. ORGANIZATION'S NAME  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and emeriname of DEBTOR authorizing this Amendment.  9a. ORGANIZATION'S NAME  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	
98. ORGANIZATION'S NAME LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	
LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**	by a Debtor, check here and emer name of DEBTOR authorizing this Amendment.
	TION AC TRICOTER*
S   S   S   S   S   S   S   S   S   S	
	FIRST NAME MIDDLE NAME SUFFIX

5347490

10. OPTIONAL FILER REFERENCE DATA

030225891/335