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Doc#: 0334344037 Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 12/09/2003 10:19 AM Pg: 1 of 1

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] DILIGENZ, INC. 1-800-858-5294

| MASCORRO  C. CHANGED (NEW) OR ADDED INFORMATION:  To. ORGANIZATION'S NAME  TO. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SU  TO. TAXID #: SSN OR EIN   ADDILINFO RE   76. TYPE OF ORGANIZATION   71. JURISDICTION OF ORGANIZATION   72. ORGANIZATIONALID #: # any    ORGANIZATION   DEBTOR  TO. TAXID #: SSN OR EIN   ADDILINFO RE   76. TYPE OF ORGANIZATION   72. JURISDICTION OF ORGANIZATION   73. ORGANIZATIONALID #: # any    ORGANIZATION OF TAXID WITH    ORGANIZATION OF TAXID ORGANIZATION OF TAXID ORGANIZATION OF TAXID WITH    ORGANIZATION ORGANIZATION ORGANIZATION OR THE SUBDIOL                                      | B. SEND A                 | CKNOWLEDG                            | MENTIO: (Nam                                | e and Address)  |                        | l                     |  |                 |  |                       |
|--|---------------------------|--------------------------------------|---|---|------------------------|-----------------------|--|-----------------|--|-----------------------|
| 6500 HARBOUR HEIGHTS PKWY SUITE 400  MUKULTEO, WA 98275  Filed in: Illinois Cook  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE ONLY  THE ABOVE SPACE IS FOR                                     | 5                         | -<br>347483                          |   |   |                        |                       |  |                 |  |                       |
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| SUITE 400  MUKULTEO, WA 98275  Filed in: Illinois Cook  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  IN THIS PRINCING STA EMENT FILES  0020057490  01/15/2002  This principle of the security of the securit                                     |                           |                                      | •   | CHTC DVW  | v                      |                       |  |                 |  |                       |
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| In. The FINANCING STATEMENT FILE #   1000000057490   | <u> </u>                  | -                                    |   | ,   | neu III. IIII IOIS     | 700K                  | THE ABOVE SI                                 | PACE IS FO      | R FILING OFFICE U                                    | SE ONLY               |
| TERMINATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Continued for the additional parties principle by supportating this Continuation Statement Continued for the additional parties principle by supportating this Continuation Statement Continued for the additional parties principle by supportating this Continuation Statement Continued for the additional parties principle by supportating this Continuation Statement Continued for the additional parties principle by supportating the Continuation Statement Continued for the additional parties principle in imments of additional parties and additional parties principle in imments and additional parties. The principle is imments are continued to the support of these two boxes.    ASSIGNMENT (full or parties): Give name of going less imments in imment and additional parties of the support of the support of these two boxes.   ASSIGNMENT (FURTHER PARTY INFORMATION): The Art information from the support of the support of these two boxes. Associated principle is imments and additional parties and additional parties and additional parties. The Art information is immented and additional parties and additional parties. The Art information is immented and additional parties and addition                                       |                           |                                      |   | <br>2   |                        | <b>T</b>              |  | 1b. Thi         | s FINANCING STATEME<br>se filed [for record] (or rec | NT AMENDMENT          |
| ASSIGNMENT (Util or partiell): Give name of stag as in liem 7a or 7b and address of assignee in item 7a; and also give name of assignor in item 9.    ASSIGNMENT (PARTY INFORMATION): This Assignment affects   Debtor or   Secured Party of record. Check only one of these two boxes.   Associated, gits of the following three boxes and provide approx as in jumicion in lems 6 and/or 7.   CHANGE name and/or address. Give current record name in lems 1 and or 7.   CHANGE name and/or address. Give current record name in lems 1 and/or 7.   CHANGE name and/or address. Give current record name in lems 1 and/or 7.   CHANGE name and/or address. Give current record name in lems 1 and/or 7.   CHANGE name and/or address. Give current record name in lems 1 and/or 1 and or 1 and/or name. Complete item 7 or 7 by the debt of the interest of the interest of the name of the stage of the name of the name of the name. Complete item 7 or 7 by the debt of the interest of the name of the name. Complete item 7 or 7 by the debt of the name of the name. Complete item 7 or 7 by the debt of the name of the name. Complete item 7 or 7 by the debt of the name of t                                       | . X TERM                  | INATION: Eff                         | ectivenes s of the Fil                      | nancing Statement identific                           | ed above is terminate  | d with respect to se  | curity interest(s) of the                    |                 |  | nation Statement.     |
| AND MENDMENT (PARTY INFORMATION): This Argundment affects Debtor of Secured Party of record. Check only gas of these two boxes.  Also check gas of the following three boxes gas provides approvides in its in monthly in the part of the following three boxes and provides approvide in joint on the part of the following three boxes and provides approvide in joint on the part of the following three boxes and provides approvide in joint of the following three boxes and provides approved in joint of the following three boxes and provides are always and the part of the following three boxes are approved in joint of the                                      | B. CON continu            | FINUATION; E                         | ffectiveness of the onel period provide     | Financing Statement ider                              | ntified above with res | pect to security into | arest(s) of the Secure                       | ed Party auth   | orizing this Continuation                            | Statement is          |
| Aso check gins of the following three boxes gind provide appropriate in smellon in items 6 and/or 7.    CHANGE raine and/or address. Give current record name a live in 6 or 60, show how control of name of chieses (it will be in 6 or 60, shown how control of name of chieses (it will be in 6 or 60, shown how control of name of 100 be deleted in flam 6 or 60.    CURRENT RECORD INFORMATION:     6a. CROANIZATION'S NAME     6b. INDIVIDUAL'S LAST NAME   | . ASSI                    | GNMENT (full o                       | r partial): Give nar                        | ne of / ssig. ee in item 7a :                         | or 7b and address of   | assignee in item 7c;  | ; and also give name :                       | of assignor in  | item 9.  |                       |
| CHANGE rates and/or address: Give current record narine it, lem file of this, also give new rates of the change in files of a 78 b, and of 78 b, a                                       | . AMENDI                  | MENT (PARTY                          | INFORMATION                                 | ): This Am andment affec                              | ts Debtor or           | Secured Party of      | record. Check only                           | one of these    | lwo boxes.   |                       |
| Comment of the process of the control of the cont                                       | Also check                | one of the follow                    | ring three boxes <u>and</u>                 | provide appropriate in or                             | metion in items 6 and  | /or 7.                | •  |                 |  |                       |
| 3. CURRENT RECORD INFORMATION:  [66. PROGRAMIZATION'S NAME]  [76. DIADY DEPTH OF THE BANK CONE/FCCC COMMERCIAL MORTGAGE LOAN TRUST COMMERCIAL MORTGAGE PASS THROUGH CERTIFICATES, 2000 C1  [76. THE BANK CONE/FCCC COMMERCIAL MORTGAGE LOAN TRUST COMMERCIAL MORTGAGE PASS THROUGH CERTIFICATES, 2000 C1  [76. PROPERTY ADDRESS: 2300 N. TAYLOR, CHICAGO, IL  TAXID# 17-18-315-061-0000  [76. 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 Deal addid additionable to additionable to the company of the co                                     | CHAN                      | GE name and/or (<br>(if name chance) | address: Give curre<br>in item 7a or 7b and | nt record name item 6=<br>l/or new address (if ac ure | or 6b; also give new   | DELETE n              | ame: Give record nat<br>ed in item 6a or 6b. | ma AC           | D name: Complete item m 7c: also complete item       | 7e or 7b, and also    |
| MASCORRO  T. CHANGED (NEW) OR ADDED INFORMATION:  [76. ORGANIZATION'S NAME  T. THOUVIDUAL'S LAST NAME  [77. TO, INDIVIDUAL'S LAST NAME  [78. ORGANIZATION'S NAME  T. MIDDLE NAME  [79. TYPE OF ORGANIZATION DESTITE  [79. ORGANIZATION ALID #, if any DESTITE  [79. O                                     |                           |                                      |   |   |                        |                       |  | <u> </u>        |  | a ra vg (ii applicati |
| MASCORRO  LINDA  T. CHANGED (NEW) OR ADDED INFORMATION:  76. INDIVIDUAL'S LAST NAME  TO MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO  CONSIDER OF COMMERCIAL CHANGE): check only one box.  Describe collateral  Geleted or  Badduck reference of the entire  Commercial Mortage  Commercial M                                     | 6a. ORG                   | ANIZATION'S N                        | AME   |   | 4                      |                       | -  |                 |  |                       |
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| To individual's last name  To individual's last                                      | ab. IND                   |                                      |   |   |                        |                       |  | 1               | NAME   | SUFFIX                |
| 76. INDIVIDUAL'S LAST NAME    FIRST NAME   | MA                        | SCORKU                               | )   |   | P1                     | ΓA                    |  | 1               |  |                       |
| The individual's last name    Committing address   |                           |                                      |   | ION:  |                        |                       |  |                 |  |                       |
| c. MAILING ADDRESS  CITY  STATE POSTAL CODE  CO  CO  CO  CITY  STATE POSTAL CODE  CO  CO  CO  CITY  STATE POSTAL CODE  CO  CO  CO  CO  CO  CITY  STATE POSTAL CODE  CO  CO  CO  CO  CO  CO  CO  CO  CO  C  | 7a, ORG                   | ANIZATION'S N                        | AME   |   |                        | $^{Y}\mathcal{O}_{X}$ |  |                 |  |                       |
| C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO  [C. TAXID # SSN OR EIN   ADD'L INFO RE   76. TYPE OF ORGANIZATION   71. JURISDICTION OF ORGANIZATION   72. ORGANIZATION   73. ORGANIZATION   74. ORGANIZATION   74. ORGANIZATION   75. ORGANIZA                                     | OR TE IND                 | UNDITAL (O L AOT                     | NAME?                                       |   | Import                 | 1445                  |  | Luppis          | NAME   | Courses               |
| d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g.                                      | 76. INDI                  | VIDUAL'S LAS I                       | NAME  |   | FIRST                  | IAME                  |  | MIDULE          | NAME   | SUFFIX                |
| d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g.                                      | - MAILING                 | ADDDECC                              |   |   | GTY                    |                       |  | STATE           | IROSTAL CODE   | COUNTRY               |
| ADDITINFO RE ITS. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR 7g. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or deleteral deleted or deleteral del                                     | C. MAILING                | ADDRESS                              |   |   | lan,                   |                       |  | SIAIE           | POSTAL CODE  |                       |
| ORGANIZATION DEBTOR  3. AMENDMENT (COLLATERAL CHANGE): check only gine box.  Describe collateral   | d. TAX ID#                | SSN OR EIN                           | ADD'L INFO RE                               | 7e. TYPE OF ORGANIZA                                  | ATION 7f. JUR          | SDICTION OF ORC       | SANIZATION -                                 | 7g, ORG         | <br>ANIZATIONAL ID #. if an                          | USA                   |
| B. AME 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.    Source                                     | G. 170010 III.            | OON ON EN                            | ORGANIZATION                                | 1   |                        | 05.011.011.01         | 7  | - Par Unio      |  | _                     |
| Describe colleteral deleted or added, or give entire restated colleteral description, or describe colleteral assigned.  **OF THE BANK CONE/FCCC COMMERCIAL MORTGAGE LOAN TRUST COMMERCIAL MORTGAGE PASS THEOF THE CONTROL OF THE BANK CONE/FCCC COMMERCIAL MORTGAGE PASS THEOF THE CONTROL OF THE C                                     | AMENIO                    | JENT (COLLA                          |   |   |                        |                       |  | <del>-</del>    |  | N                     |
| **OF THE BANK CONE/FCCC COMMERCIAL MORTGAGE LOAN TRUST COMMERCIAL MORTGAGE PASS THEO. THE 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 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  I. 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 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**  |                           |                                      |   |   | rd colleteral descript | on or describe on     | listeral Dessigned                           |                 |  |                       |
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| 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  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 Deta 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**  | .000 C1                   |                                      |   |   |                        |                       |  |                 | 10   |                       |
| PROPERTY ADDRESS: 2300 N. TAYLOR, CHICAGO, IL  TAX ID# 17-18-315-061-0000  I. 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 Debator, check here and enter name of DEBTOR authorizing this Amendment.  Sa. ORGANIZATION'S NAME  LASALLE BANK NATIONAL ASSOCIATION AS TRUSTEE**   |                           |                                      |   |   |                        |                       |  | UBDIVISI        | ON OF THE WEST                                       | 1/2 OF THE            |
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|  | 30.1                      |                                      |   |   |                        |                       |  | MIDDLE          | NAME   | SUFFIX                |
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