## UNOFFICIAL COPY

CC FINANCING STATEMENT AMENDMENT  LLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]  Lisa D. Smith (405) 236-0003  SEND ACKNOWLEDGMENT TO: (Name and Address)		Cook Cou	Gene" Mo	2051 pore Fee: \$26 rder of Deeds 2:13 PM Pg:		
990-090C ATTN: SHANTERRY WARREN CHOICEPOINT BUS. & GOV. SVCS. 2885 BRECKUNRIDGE BLVD, STE 200 DULUTH, GA 30096 504.003		THE ABOVE SF	1b, This	R FILING OFFICE FINANCING STATEN e filed (for record) (or	MENT AMENDMENT is	
0329719172 Filed 10/24/2502 with the Cook County, Illin	ois		X REA	L ESTATE RECORD	S.	
TERMINATION: Effectiveness of the Financing Statement identified above is ter	rminated with respe	urity interest(s) of the Secure	d Party autho	orizing this Continuation	on Statement is	
L_Icontinued for the additional period provide 1+, applicable law.					·	
ASSIGNMENT (full or partial): Give name of assigner in "ein 7a or 7b and addi	ress of assignee in	item 7c; and also give name	of assignor in i	item 9.		
AMENDMENT (PARTY INFORMATION): This Amendment		Party of record. Check only	one of these t	wo boxes.		
Also check one of the following three boxes and provide appropria a information in item  CHANGE name and/or address: Give current record name in item 6° or t b; also gi name (if name change) in item 7a or 7b and/or new address (if address c ange) in  CURRENT RECORD INFORMATION:	ive new I IDI	ELETE name: Give record na be deleted in item 6a or 6b.	me AD	D name: Complete It n 7c; also complete it	tem 7a or 7b, and also tems 7d-7g (if applicable	
77 West Wacker Drive, L.L.C., a Delaware	= limited lig	hility company.	77 Wes	t Wacker D	)rive*	
T/ West Wacker Drive, L.L.C., a Delaware of the individual's last NAME	FI, 'ST NAME	omity company,	MIDDLE	NAME	SUFFIX	
. CHANGED (NEW) OR ADDED INFORMATION:	9	<u> </u>				
7a. ORGANIZATION'S NAME  LaSalle Bank National Association, as Trus	too for the	Poristered Hol	ders of	Merrill Lvi	nch **	
Ta Salle Bank National Association, as Trus	FIRST NAME	Tice, istered 110	MIDDLE	NAME	JULIA	
c. MAILING ADDRESS	CITY	0	STATE	60603	USA	
135 S. LaSalle Street, Suite 1625  d. TAXID #: SSN OR EIN   ADDLINFO RE   76. TYPE OF ORGANIZATION	Chicago	NOF ORGANIZATION		ANIZATIONAL ID#,	i i	
rd. TAX ID #: SSN OR EIN ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	,	•	0		X NO	
*Chicago, IL 60601-1604  *Mortgage Trust 2003-Key1 Commercial Me				es, Serics 20	03-Key1	
All collateral assigned as in original UCC						
		of assignor, if this is an Assig	nment). If this	is an Amendment aut	thorized by a Debtor whi	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENDMEN I (name	1 1	DEBTOR aut	horizing this Amendm	ent.	
NAME of SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized to the second seco	by a Debtor, check	and tike name of				
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized to	by a Debtor, check	and tike name of	16th Fi	oor, New Yo	ork, NY 1008	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized to	by a Debtor, check	and tike name of	16th Fi	oor, New Yo	ork, NY 1008	