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UCC FINANCING STATEMEN	ANCING STATEMEN	STATEMI	٧G	NCI	NAI	FII	ICC	L
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FOLLOW INSTRUCTIONS (front and back) CAREFULLY A, NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) LexisNexis Document Solutions 801 Adlai Stevenson Drive Springfield, IL 62703 8974205-2



Doc#: 0417034068 Eugene "Gene" Moore Fee: \$28.50 Cook County Recorder of Deeds

Date: 06/18/2004 11:27 AM Pg: 1 of 3

POSTAL CODE

60527

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL, FCA' NAME-insertonly one debtor name (1a or 1b) -do not abbreviate or combine names 1a ORGANIZATION'S NAME OR 16. INDIVIDUAL'S LASTNAME SUFFIX IRST NAME MIDDLE NAME JOSE VARGHESE 1c MAILING ADDRESS STATE POSTAL CODE COUNTRY USA DES PLAINES IL 60016 830 CARLOW DRIVE ADD'L INFO RE 1e. TYPE OF ORG ANIZA TON 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any 1d. SEE INSTRUCTIONS ORGANIZATION NONE DEBTOR 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only ana "ebtor name (2a or 2b) - do not abbreviate or combine names 2a ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME FIT ST NA IE MIDDLE NAME SUFFIX SUSAMMA JOSE POSTAL CODE 2c. MAILING ADDRESS CITY STATE COLINTRY DES PLANIES 60016 USA 830 CARLOW DRIVE 21. JURISDICTION OF CREANIZATION 2g. ORGANIZATIONAL ID#, if any ADD'L INFO RE | 2e. TYPE OF ORGANIZATION 2d SEEINSTRUCTIONS ORGANIZATION NONE DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party nam (3a or Jb) 3a. ORGANIZATION'S NAME OR BANK FINANCIAL, F.S.B MIDDLE NAME SUFFIX

4. This FINANCING STATEMENT covers the following collateral:

FRONTAGE ROAD

3c. MAILING ADDRESS

All Fixtures; whether any of the foregoing is owned now or acquired all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds) for property located at 1851 Hazel Hill Drive, Mount Prospect, IL 60056. P.I.N.#08-22-204-016-0000.

FIRST NAME

BURR RIDGE

			- <u> </u>	
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELLS	ER/BUYER AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in FINANCING STATE RECORDS. Attach Addendum	n the REAL 7. Check to REC	QUEST SEARCH REPORT(S) on D FEE! [optional]	Debtor(s) All Debtors	Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA 1902003224

IL-Cook County

COUNTRY

USA

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UCC FINANCING STATEME FOLLOW INSTRUCTIONS (front and back)						
9. NAME OF FIRST DEBTOR (1a or 1b) O		MENT				
OR 9b. INDIVIDUAL'S LAST NAME JOSE	FIRST NAME VARGHESE	MIDDLE NAME,SUFFIX				
10.MISCELLANEOUS: IL-Cook C						
			THE ABOVE S	PACE I	S FOR FILING OFFIC	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULT 118. ORGANIZATION'S NAME	. LF GAL NAME - insert only one name	e (11a or 11b) - do not abbrevi	ate or combine names			
OR	Ox					
OR 116. INDIVIDUAL'S LAST NAME PILLAI		IRST NAME CHANDRAN	N	MIDDLE N	NAME	SUFFIX
11c. MAILING ADDRESS 830 CARLOW DRIVE		DES PLAINES		TATE IL	POSTAL CODE 60016	COUNTRY
ADD'L INFO RE ORGANIZATION DEBTOR		1f, JURISDICTIONOF ORGAN	NIZATION 1	1g. ORG	ANIZATIONAL ID #, if a	
12. ADDITIONAL SECURED PARTY'	S or ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)			
O.D.		0/_				
125, INDIVIDUAL'S LAST NAME	F	FIRST NAME	, I	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	C	CITY		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers transcription collateral, or is filed as a fixture filing. 14. Description of real estate:	nber to be cut or as-extracted 1	6. Additional collateral descri	ption:			
SEE ATTACHED EXHIE	BIT "A"		,	S		
					CO	
15. Name and address of a RECORD OWNER of (if Debtor does not have a record interest):	above-desαibed real estate					
	ļ	17. Check <u>only</u> if applicable ar	nd check <u>only</u> one box.			
		Debtor is a Trust or		pect to p	roperty held in trust or	Decedent's Estate
		18. Check <u>only</u> if applicable at				
		Debtoris a TRANSMITTIN Filed in connection with a		ansartin	n — effective 30 vears	
		Filed in connection with a				

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UCC FINANCING STATEMENT ADD FOLLOW INSTRUCTIONS (front and back) CAREFULLY	ENDUM					
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FI	NANCING STATEM	ENT				
9a. ORGANIZATION'S NAME	NANCING STATEM	EIA1				
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME		MIDDLE NAME,SUFFIX				
JOSE VARGH	ESE	, mbole to one, oct to the				
10.MISCELLANEOUS: IL-Cook County						
					S FOR FILING OFFI	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FÜL! LE JAL NAME 11a. ORGANIZATION'S NAME	· insert only <u>one</u> name	(11a or 11b) - do not abbrevi	ate or combine names	<u> </u>		
OR 11b. INDIVIDUAL'S LAST NAME	FIR	ST NAME		MIDDLE	NAME	SUFFIX
PILLAI	O N	IARIAMMA				
11¢. MAILING ADDRESS	CIT	Ŷ		STATE	POSTAL CODE	COUNTRY
830 CARLOW DRIVE		ES PLAINES		IL	60016	USA
ADD'L INFO RE 11e. TYPE OF O ORGANIZATION DEBTOR	RGANIZATION 111	JURISDICTIONOF ORGAN	VIZATION	11g. ORG	ANIZATIONAL ID #, if a	NONE
	SIGNOR S/P'S NA	ME - insert only one name	(12a or 12b)			
12a. ORGANIZATION'S NAME OR (2b. INDIVIDUALS LAST NAME)		0/1				
12b. INDIVIDUAL'S LAST NAME	FIF	STNAME	ļ	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CIT	Υ	0.	STATE	POSTAL CODE	COUNTRY
 13. This FINANCING STATEMENT covers timber to be cut or collateral, or is filed as a	as-extracted 16	Additional collateral descri	ption:	Ś		
				(
15. Name and address of a RECORD OWNER of above-described (if Debtor does not have a record interest):	real estate					
	14.5	. Check only if applicable ar	nd check only one boy			
		btorisa Trust or			roperty held in trust or	Decedent's Estate
	<u> </u>	l. Check only if applicable a			1 3	
	ĪΓ	Debtoris a TRANSMITTIN				
		Filed in connection with a		Fransaction	n — effective 30 years	
		Filed in connection with a	Public-Finance Transa	action — e	ffective 30 years	<u> </u>