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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Pamela S. Flint, Paralegal 402-346-6000
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Rebecca Shown/CSC Doc#: 0426834119 Eugene "Gene" Moore Fee: \$28.00 801 Adlai Stevenson Drive Cook County Recorder of Deeds Springfield, IL 62703 Date: 09/24/2004 02:42 PM Pg: 1 of 3 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMEN : F'LE This FINANCING STATEMENT AMENDMENT is to be filed ffor record? (or recorded) in the 0408934135 Date: 03/29/2004 04:03:00 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 Finan and 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. 4. ASSIGNMENT (full or partial): Give name of assign: - if n 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 Piects 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 DELETE name: Give record name to be deleted in item 6a or 6b. CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME BAB Operations, Inc. OR 66. INDIVIDUAL'S LAST NAME FIRSTNAM MIDDLE NAME SUFFIX 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX COUNTRY 7c. MAILING ADDRESS POSTAL CODE 7g. ORGANIZATIONAL ID #, if any ADD'L INFO RE | 7e. TYPE OF ORGANIZATION 7d. SEE INSTRUCTIONS 7f. JURISDICTION OF ORGANIZATION ORGANIZATION 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 CAPITAL FRANCHISE FINANCE CORPORATION MIDDLE NAME SUFFIX 10.OPTIONAL FILER REFERENCE DATA COntract 23988 IL-Cook County Debtor: BAB OPERATIONS

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SCHEDULE A TO UCC-1 FINANCING STATEMENT

Debtor:

BAB OPERATONS, INC.

Address:

8501 W. HIGGINS ROAD, SUITE 320

CHICAGO, IL 60631

Collateral Description.

ALL FURNITURE, FIXTURES AND EQUIPMENT NOW OWNED OR HEREAFTER ACQUIRED, HELD OR USED BY DEBTOR IN THE OPERATION OF A **BIG APPLE BAGEL STORE** AT THE LOCATION(S) SHOWN BELOW, TOGETHER WITH ALL ADDITIONS TO, SUBSTITUTIONS FOR AND REPLACEMENTS THEREFOR, AND ALL PROCEEDS OF THE FOREGOING, CASH AND NON-CASH, INCLUDING, WITHOUT LIMITATION, INSURANCE PLOYEEDS AND GENERAL INTANGIBLES.

Collateral Location:

53 W. Jackson, Chicago, IL 6060

To be filed in:

ILLINOIS

Legal Description:

Name of Owner of Record:

Olympia Clerks Orging

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LEGAL DESCRIPTION

LOT: 5 6; DISTRICT: 76; CITY: SOUTH CHICAGO; SUBDIVISION: WRIGHTS SUB OF BLK122 OF SCHOOL SECTIO; SEC/TWN/PNG/MERIDIAN: SEC 16 TWN 39N RNG 14E; ASSESSOR'S

MAP REFERENCE: 17-16-NE (A&B)

Assessor's Parcel Number: 17-16-233-001

Chicago, IL 8003-9002