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| UCC FINANCING STATEMEN OLLOW INSTRUCTIONS (front and back) C | T AMENDMEN AREFULLY | NT | 34 | 931922 | | |
|--|---|---|--|------------------------------|---|--------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional] | | | Doc#: 04: | 202100 |)) | |
| Phone (800) 331-3282 Fax (818) 662-4141 | | | ⊏oãeve "Gev | e" Maar | 8 Fee: \$00 Fe | |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 513543 IBOFCHICAGO | | | OCCK COUNTY | Mecorda | Prof Deeds 32 AM Pg: 1 of 2 | |
| j | | !! | | | 2 AW Pg: 1 of 2 | |
| UCC Direct Services | 640619 ⁻ | 1.1 | | | 4 - 4 | |
| P.O. Box 29071 | 11.11 | | | | | |
| Glendale, CA 91209-9071 | ILIL | _ 1 | | | | |
| | FIXTUR | ^{(E} | | | | |
| | | | THE ABOV | | S FOR FILING OFFICE USI | |
| a. INITIAL FINANCING STATEMENT FILE # 0315345155 06-02-0.3 CC IL Cook+ | | | 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. | | | |
| | | is terminated with respect to | | | | |
| 3. CONTINUATION: Effectiveness of the Financial continued for the additional period provided by appli | no Statement identified above icable law. | with respect to the security in | nterest(s) of the Secure | o Party aut | nonzing inis Continuation s | tatement is _ |
| 4. ASSIGNMENT (full or partial): Give name of | f assume 4 in item 7a or 7 | b and address of assigns | e in 7c; and also div | /e name / | of assignor in item 9. | |
| 5. AMENDMENT (PARTY INFORMATION): This An | | | f record. Check only or | | | |
| Also check one of the following three boxes and | provide appropriate info | rmation in items 6 and/or | 7. name: Give record nam | * - | ADD name: Complete item i | 7a or 7b, and also |
| Annual rame and/or address: Give correct record name (if name change) in item 7a or 7b and/or new | address (if address charge) | | eted in item 6a or 6b. | | tem 7c; also complete item | |
| 6. CURRENT RECORD INFORMATION: | | | · - - | | | |
| 6A. ORGANIZATION'S NAME HI KAHNG TRADING COV | IPANY | | | | | |
| 6b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE N | NAME | SUFFIX |
| | | 4 | | | | |
| 7. CHANGED (NEW) OR ADDED INFORMATION: | | | • | | | |
| 7a. ORGANIZATION'S NAME | | 7 | | | | |
| OR HI-KAHNG TRADING COM | IPANY | FIRST NAME | | MIDDLE | IANE. | SUFFIX |
| 7b. INDIVIDUAL'S LAST NAME | | FIRST NAME | 0 | MIDDLE | VAMIC | 301117 |
| 7c. MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
| 7540 N. CRONAME | | NILES | | 16 | 60714 | |
| 7d. SEE INSTRUCTION ADD'L INFO RE 7e. TY | PE OF ORGANIZATION | 7f. JURISDICTION OF ORG | | | NIZATIONAL ID#, if any | |
| DEBTOR COL | RPORATION | ILLINOI | S | 4961 | 62 79 | NONE |
| 8. AMENDMENT (COLLATERAL CHANGE): chec | k only <u>one</u> box. | | | | | |
| Describe collateral deleted or added, or give | | eral description, or describe | collateral assigne | d. | 11/Co | |
| | | eral description, or describe | collateral assigne | d. | 17/CO | ۸ |
| | | eral description, or describe | collateral assigne | d. | TriCo | ^ |
| | | eral description, or describe | collateral assigne | d. | 17.Co | ^ |
| | | eral description, or describe | collateral assigne | d. | TriCo | ^ |
| | | eral description, or describe | collateral assigne | d. | | ^ |
| | | eral description, or describe | collateral assigne | d. | Trice | ^ |
| | | eral description, or describe | collateral assigne | d. | | ^ |
| Describe collateral deleted or added, or given added, or given and added, or given added, | restated collate | DMENT (name of assignor, if | this is an Assignment) | If this is a | n Amendment authorized by | y a Debtor which |
| Describe collateral deleted or added, or given added, or given adds collateral adds collateral deleted or adds the authorizing Debtor, or if this adds collateral or adds the authorizing Debtor, or if this | restated collate | DMENT (name of assignor, if | this is an Assignment) | If this is a | n Amendment authorized by | a Debtor which |
| 9. NAME OF SECURED PARTY OF RECORD AUT adds collateral or adds the authorizing Debtor, or if this Pa. ORGANIZATION'S NAME BANK ONE, NA SUCCESS. | restated collate restated collate HORIZING THIS AMENE is a Termination authorized t | DMENT (name of assignor, ii oy a Debtor, check here⊡ a | this is an Assignment) and enter name of DEB1 | . If this is ai OR author | n Amendment authorized by izing this Amendment. | |
| 9. NAME OF SECURED PARTY OF RECORD AUT adds collateral or adds the authorizing Debtor, or if this | restated collate restated collate HORIZING THIS AMENE is a Termination authorized t | DMENT (name of assignor, ii oy a Debtor, check here⊡ a | this is an Assignment) and enter name of DEB1 | . If this is ai OR author | n Amendment authorized by izing this Amendment. L BANK ^C Ont On A | |

--- 0429319023 Page: 2 of 2

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| UC | C FINANCING STATEME | NT AMENDME! back) CAREFULLY | NT ADDENDUM | |
|-----------|--------------------------------------|--------------------------------|---------------------|---|
| 11. | INITIAL FINANCING STATEMENT FIL | E # (same as item 1a on Ame | endment form) | |
| ,D3 | 15345155 06-02-03 | CC IL Cook+ | | |
| 12.1 | NAME of PARTY AUTHORIZING THIS AME | NDMENT (same as item 9 on Am- | endment form) | |
| 1 | BANK ONE, NA SUC | CESSOR IN INTE | REST TO AMEsame | as item9. |
| OR | 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | |
| 13. | Use this space for additional inform | nation | | |
| | | | | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY |

FULL TEXT OF ITEM 9:

COMPANY OF CHICAGO
Recorded Owner: LaSalle Bank National Association as Trustee under Trust Agreement dated July 12, 1990, and known as Trust Number 25-10877 BANK ONE, NA SUCCESSOR IN INTEREST TO AMERICAN NATIONAL BANK AND TRUST

Owner Address: 135 S. LaSalle Street, Chicago, IL, 606 73

Description: THE SOUTH 168 FEET OF THE NO. 7TH 770 FEET OF THE WEST 239 FEET OF THE SOUTH WEST FRACTIONAL 1/4 OF SECTION 29, TOWNSHIP 41 NORTH, RANG £ 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. Parcel ID: 10-29-300-007-0000 FE. EAS.

OUNTY CIENTS OFFICE