## UNOFFICIAL COPY

	ONS (front and back) CAREFULLY DF CONTACT AT FILER [optional]	126616122			
	EDGMENT TO: (Name and Address)	20020122		- 44400	
Bank One 120 S. I Mail Su:	e - Chicago Middle Market LaSalle St ite# IL1-1146 , IL 60603	Confidence of the second	Eugene "(	0434434139 3ene* Moore Fee: \$ inty Recorder of Deed 09/2004 02:48 PM Pg	
	6	1L, Secretary of State	THE ABOVE SPA	ACE IS FOR FILING OFFIC	E USE ONLY
a. INITIAL FINANCING S 3235517	STATEMENT ILE F		3/23/1994	1b. This FINANCING STAT to be filed [for record] ( REAL ESTATE RECOR	or recorded) in the
X TERMINATION	: Effectiveness of the F'.ianc' & Statement identifi	ed above is terminated with resp	pect to security interest(s) of the S	Secured Party authorizing this T	ermination Statement.
	N: Effectiveness of the Final cing Statement ide additional period provided by applicable law.	ntified above with respect to se	curity interest(s) of the Secured	Party authorizing this Continue	ation Statement is
	(full or partial): Give name of assigned in 2m 7a	or 7b and address of assignee i	n item 7c: and also give name of	assignor in item 9	
	RTY INFORMATION): This Amendment reco		d Party of record. Check only on		
Also check one of the t	following three boxes and provide appropriate infor	mation in items 6 and/or 7.	, ,		
CHANGE name an name (if name cha	nd/or address: Give current record name in item 6a inge) in item 7a or 7b and/or new address (if addre	or 6b also give new socharge\in item 7c. ☐ to	ELETE name: Give record name be deleted in item 6a or 6b.	ADD name: Complete item 7c; also complete	item 7a or 7b, and also items 7d-7g (if applica
CURRENT RECORD		DIG			
6a. ORGANIZATION	VIS NAME ANPIER COMPANY	, INC.			
6b. INDIVIDUAL'S L	AST NAME	FIRSTMAMT		MIDDLE NAME	SUFFIX
60. INDIVIDUALS L		FIRSTMANT		MIDDLE NAME	SUFFIX
60. INDIVIDUALS L	OR ADDED INFORMATION:	FIRST MANT		MIDDLE NAME	SUFFIX
CHANGED (NEW) O	OR ADDED INFORMATION:	FIRSTMANT	7/2	MIDDLE NAME	SUFFIX
CHANGED (NEW) O	OR ADDED INFORMATION: N'S NAME	FIRST NAME	72 20	MIDDLE NAME	SUFFIX
CHANGED (NEW) O  7a. ORGANIZATION  7b. INDIVIDUAL'S L	OR ADDED INFORMATION: N'S NAME	FIRST NAME	7 <u>1</u> C/2	MIDDLE NAME	SUFFIX
CHANGED (NEW) O  7a. ORGANIZATION  7b. INDIVIDUAL'S L	OR ADDED INFORMATION: N'S NAME				SUFFIX
CHANGED (NEW) O  7a. ORGANIZATION  7b. INDIVIDUAL'S L  . MAILING ADDRESS	OR ADDED INFORMATION: VS NAME  AST NAME  EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	FIRST NAME	NOF ORGANIZATION	MIDDLE NAME	SUFFIX
CHANGED (NEW) O  7a. ORGANIZATION  7b. INDIVIDUAL'S L  MAILING ADDRESS  TAX ID #: SSN OR I	OR ADDED INFORMATION: VS NAME  AST NAME  EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR	FIRST NAME	NOF ORGANIZATION	MIDDLE NAME  STATE POSTAL CODE  79. ORGANIZATIONAL ID #,	SUFFIX COUNTRY
CHANGED (NEW) O  Ta. ORGANIZATION  Tb. INDIVIDUAL'S L  MAILING ADDRESS  TAX ID #: SSN OR I	OR ADDED INFORMATION: VS NAME  AST NAME  EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	FIRST NAME  CITY  ATION 7f. JURISDICTION		MIDDLE NAME  STATE   POSTAL CODE	SUFFIX COUNTR'
CHANGED (NEW) O  7a. ORGANIZATION  7b. INDIVIDUAL'S L  MAILING ADDRESS  TAX ID #: SSN OR I	OR ADDED INFORMATION:  IT'S NAME  AST NAME  EIN ADD'L INFO RE 76, TYPE OF ORGANIZATION DEBTOR  OLLATERAL CHANGE): check only one box.	FIRST NAME  CITY  ATION 7f. JURISDICTION		MIDDLE NAME  STATE POSTAL CODE  79. ORGANIZATIONAL ID #,	SUFFIX COUNTR'
CHANGED (NEW) OF TALL	DR ADDED INFORMATION:  IT'S NAME  AST NAME  EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATOR   ORGANIZATION   DEBTOR    DLATERAL CHANGE): check only one box.   deleted or   added, or give entire   restate	FIRST NAME  CITY  ATION 7f. JURISDICTION  ed collateral description, or description.	scribe collateral assigned.	MIDDLE NAME  STATE   POSTAL CODE  7g. ORGANIZATIONAL ID #,	SUFFIX COUNTRY if any
CHANGED (NEW) O  7a. ORGANIZATION  7b. INDIVIDUAL'S L  MAILING ADDRESS  TAX ID #: SSN OR I  AMENDMENT (CO  Describe collateral  NAME OF SECURE adds collateral or adds	DR ADDED INFORMATION:  IT'S NAME  AST NAME  EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   ORGANIZATION    DEBTOR   ORGANIZATION   ORGANIZATION   ORGANIZATION    JULIATERAL CHANGE): check only one box.   Organization   Organizati	FIRST NAME  CITY  CITY	scribe collateral assigned.  If assignor, if this is an Assignmen and enter name of DEBT	MIDDLE NAME  STATE   POSTAL CODE  7g. ORGANIZATIONAL ID #,	SUFFIX COUNTRY If any If any orized by a Debtor whint.
CHANGED (NEW) O  7a. ORGANIZATION  7b. INDIVIDUAL'S L  The individual'S L  AMENDMENT (CO  Describe collateral  NAME OF SECURE adds collateral or adds	DR ADDED INFORMATION:  I'S NAME  AST NAME  EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR   DEBTOR   DLATERAL CHANGE): check only one box.  Ideleted or   added, or give entire   restate  The authorizing Debtor, or if this is a Termination at the authorizing Debtor, or if this is a Termination at the authorizing Debtor, or If the authorizing Debtor, or If the authorizing Debtor, or If this is a Termination at the authorizing Debtor, or If the authorizing Debtor, o	FIRST NAME  CITY  CITY	scribe collateral assigned.  If assignor, if this is an Assignmen and enter name of DEBT	MIDDLE NAME  STATE   POSTAL CODE  7g. ORGANIZATIONAL ID #,	SUFFIX  COUNTRY  If any  No
CHANGED (NEW) O  Ta. ORGANIZATION  Ta. ORGANIZATION  Tb. INDIVIDUAL'S L  MAILING ADDRESS  TAX ID #: SSN OR I  AMENDMENT (CO  Describe collateral  NAME OF SECURE adds collateral or adds	EIN ADD'L INFO RE 7e. TYPE OF ORGANIZA ORGANIZATION DEBTOR  DLLATERAL CHANGE): check only one box.  deleted or added, or give entire restate the authorizing Debtor, or if this is a Termination of SNAME BANK ONE, N.A. SU	FIRST NAME  CITY  CITY	scribe collateral assigned.  If assignor, if this is an Assignmen and enter name of DEBT	MIDDLE NAME  STATE   POSTAL CODE  7g. ORGANIZATIONAL ID #,	SUFFIX  COUNTRY  If any  No

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## **UNOFFICIAL COPY**

Property Address: 1827 JANKE DRIVE

NORTHBROOK, IL 60062

PIN #: 04-15-302-006

04-15-302-007

LOTS 11 AND 12 IN GLENBROOK INDUSTRIAL PARK UNIT NO. 1, BEING A SUBDIVISION OF THE NORTH 600 FEET OF THE SOUTH HALF OF THE NORTH HALF OF THE SOUTHWEST QUARTER OF NE 10.
MILWAUK.

OF COLUMN CRAFTS OFFICE SECTION 15, TOWNSMIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WESTERLY OF A JINE 100 FEET WESTERLY OF THE CENTER LINE OF THE MOST WESTERLY TRACK OF THE CHICACO MILWAUKEE, ST. PAUL AND PACIFIC RAILWAY COMPANY, IN COOK COUNTY, ILLINOIS.