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Doc#: 0609544092 Fee: \$26.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 04/05/2006 03:22 PM Pg: 1 of 2

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address) JH2 For JH2

Corporation Service Company  
SUITE 2320  
33 North LaSalle Street  
Chicago, IL 60602

0 1 2 2 0 8 7 4 3 5  
965148-1

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 0010731594 Date: 08/09/2001 B: P:

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2.  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3.  CONTINUATION: Effectiveness of the Financing 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 assignee in item 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 affects  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.

CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  DELETE name: Give record name to be deleted in item 6a or 6b.  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  
ACOSTA MEDICAL TESTING CORP., AN ILLINOIS CORPORATION

OR

6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME  
ACOSTA MEDICAL TESTING CORP.

OR

7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
2560 BERNICE AVENUE LANSING IL 60438 USA

7d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION CORP 7f. JURISDICTION OF ORGANIZATION MI 7g. ORGANIZATIONAL ID #, if any 97725435  NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.  
Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

Debtor: ACOSTA MEDICAL TESTING CORP., AN ILLINOIS CORPORATION

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  
LASALLE BANK NATIONAL ASSOCIATION

OR

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

BOX 314

10. OPTIONAL FILER REFERENCE DATA 0122087435/9502-4292 file 1st  
IL-Cook County

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0010731594

## EXHIBIT A.

All equipment and machinery, including power driven machinery and equipment, furniture and fixtures, personalty now owned or hereafter acquired and wherever may be located, together with all replacements thereof, all attachments, accessories, parts and tools belonging there or for use in connection therewith, all inventory, raw materials, work in process and supplies now owned or hereafter acquired and wherever may be located, all accounts receivables hereafter arising, all contract rights and general intangibles now in force or hereafter acquired and wherever may be located, leasehold improvements, patents and other rights to payment of money now existing or hereafter acquired and wherever may be located, including repossessions or returns.

### LEGAL:

THE EAST 47 FEET OF LOTS 28, 29, 30 AND 31 AND THE WEST 33 FEET OF VACATED OAKLEY AVENUE CONTIGUOUS THERETO IN BLOCK 4 IN PUBLIC SERVICE ADDITION, BEING A SUBDIVISION OF THE NORTH 1/2 OF THE NORTHWEST 1/4 OF SOUTHWEST 1/4 OF SECTION 30, TOWNSHIP 36 NORTH RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 30-30-303-035

COMMON ADDRESS: 2560 Bernice Avenue, Lansing, Illinois 60438

RECORD OWNER: Janie M. Acosta

*Acosta Medical Testing Corp.*  
*0122087435-9502*  
*Cook county*  
*Continuation*