## **UNOFFICIAL COPY**



Doc#: 0630631011 Fee: \$26.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 11/02/2006 12:19 PM Pg: 1 of 2

## UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]
Sherri Fonte (414) 347-4742

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Sherri Fonte
Michael Best & Friedrich LLP
100 E. Wisconsin Ave., #3300
Milwaukee, WI 53202

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

0601903022		1b. This FINANCING STATEMEN  10 be filed [for record] (or record)	T AMENDMENT is
TERMINATION: Effectiveness of the Fin away Statement identified above CONTINUATION: Effectiveness of the Financial Statement identified above	is terminated with respect to see the	THE THEAL ESTATE RECORDS	
3 CONTINUATION: Effectiveness of the Financing Stratement Identified at continued for the additional period provided by applied the two.	Dove with respect to security interest(s) of the	Secured Party authorizing this Terminati	ion Statement.
4 ASSIGNMENT (In constant)	The Secured	Party authorizing this Continuation St	atement is
ASSIGNMENT (full or partial): Give name of assignee in life in 7a or 7b and 5. AMENDMENT (PARTY INFORMATION): 75	daddress of assignee in item 7c; and also give name of	assignor in item 9	
Also check one of the following three boxes and provide appropriate into making the	ebtor or Secured Party of record. Check only on	e of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6; all name (if name change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 6a or 6; all name (if name change) in item 6a or 6; all name (if name change) in item 6a or 6; all name (if name change) in item 6a or 6; all name (if name change) in item 6a or 6; all name (if name change) in item 6a or 6; all name (if name change) in item 6a or 6; all name (if name change) in item 6a or 6; all name (if name change) in item 6a or 6; all name (if name change) in item 6a or 6; all name (if name change) in item 6a or 6; all name (if name change) in item 6a or 6; all name (if name change) in item 6a or 7b and/or new address (if address (if name change) in item 6a or 7b and/or new address (if address (if name change) in item 6a or 7b and/or new address (if address (if name change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address (if name change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 7b and/or new address (if address change) in item 6a or 6a		ADD name: Complete item 7a	or 7b, and also
6a. ORGANIZATION'S NAME		item 7c; also complete items 7	d-7g (if applicable)
Netcom Properties, Inc.	Ci		
	FIRST NAM	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	4/2		307712
7a. ORGANIZATION'S NAME			<del></del>
OR 75 INDIVIDUAL'S LAST NAME	FIRST NAME		
	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY		1
7d TAX ID # SSN OR EIN TADDY INFO RE 170 TOP OF COOL		POSTAL CODE	COUNTRY
7d TAX ID # SSN OR EIN # ADDL INFO RE   78. TYPE OF ORGANIZATION # CHGANIZATION   TARGULARD IN WISCONSIN   DEFICE   CHGANIZATION   DEFICE   CHGANIZATION   C	71. JURISDICTION OF ORGANIZATION	7g CRGAI 12, TIONAL ID II, if any	<u> </u>
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			HONE
Describe collatoral k-1	description, or describe collateral assigned.	U <sub>S</sub> C.	

NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collatoral or adds the authorizing Debtor, or if this is a Termination authorizing Debtor, or if this is a Termination authorizing Organization's NAME.  [9a. ORGANIZATION'S NAME.]	AMENDMENT (name of assignor, if this is an Assignment of DE and golden name of DE	nent). If this is an Amendment authorized by BTOR authorizing this Amendment.	a Deblor which
OR Banc of America Commercial Fi		or or adviorizing this Amendment.	SUFFIX
10. OPTIONAL FILER REFERENCI: DATA			
File with the Cook County, IL	Register of Deeds	<i>561032.</i> 004	PSQ

FILING OFFICE COPY -- NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

\* An Individual's social security number is not required to be placed on the form in Wisconsin (See Instructions)

**BOX 314** 

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Of Colling Cloration Office

## EXHIBIT A

## Legal Description

LOT 7 (EXCEPT THE WEST 15.25 FEET THEREOF) AND ALL OF LOT 8 IN BLOCK 1 IN HERZOG'S 1ST INDUSTRIAL SUBDIVISION OF PART OF THE EAST 1/2 OF SECTION 10, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND PART OF THE WEST 1/2 OF SECTION 11, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE IHIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS ON DECEMBER 13, 1955 AS DOCUMENT NUMBER LR 1639763, AND CERTIFICATE OF CORRECTION THEREOF REGISTERED DECEMBER 14, 1256 AS DOCUMENT NUMBER LR 1713481, IN COOK COUNTY, ILLINOIS.

Address: 599 South Wheeling Road

Wheeling, Illinois 60090

PIN Numbers: 03-11-300-004-0000

03-11-300-005-0000