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Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 03/30/2007 10:55 AM Pg: 1 of 2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] UCC COORDINATOR (813) 881-1988 *230	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) I.S.P.C. 6420 BENJAMIN ROAD TAMPA, FLORIDA 33634-5119	

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1. DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor name (1a or 1b) – do not abbreviate or combine names					
1a. ORGANIZATION'S NAME					
OR					
1b. INDIVIDUAL'S LAST NAME BULAWA		FIRST NAME GRAHAM		MIDDLE NAME	
1c. MAILING ADDRESS 64 WASHINGTON AVE		CITY STREAMWOOD		STATE IL	POSTAL CODE 601071367
1d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	
				1g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor name (2a or 2b) – do not abbreviate or combine names					
2a. ORGANIZATION'S NAME					
OR					
2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
2c. MAILING ADDRESS 64 WASHINGTON AVE		CITY STREAMWOOD		STATE IL	POSTAL CODE 601071367
2d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	
				2g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE	
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNEE S/P) – insert only one secured party name (3a or 3b)					
3a. ORGANIZATION'S NAME I.S.P.C.					
OR					
3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
3c. MAILING ADDRESS 6420 BENJAMIN ROAD		CITY TAMPA		STATE FL	POSTAL CODE 33634-5112
4. This FINANCING STATEMENT covers the following collateral					

Water Conditioner Equipment

5. ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING					
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]			7. Check to REQUEST SEARCH REPORT(S) on Debtor(S) ADDITIONAL FEE [optional] <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA COOK, IL I.S.P.C. FILE # 727071					

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION NAME

OR

9b. INDIVIDUAL'S LAST NAME

BULAWA

FIRST NAME

GRAHAM

MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

COOK, IL

ISPC FILE # 727071

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FILING OFFICE COPY – UCC FINANCING STATEMENT (FORM UCC1)(REV. 05-22-02)

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor name (11a or 11b) – do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

64 WASHINGTON AVE

CITY

STREAMWOOD

STATE

IL

POSTAL CODE

60107136

COUNTRY

US

7

11d. TAX ID #: SSN OR EIN

ADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME – insert only one debtor name (12a or 12b)

12a. ORGANIZATION'S NAME

I.S.P.C.

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

6420 BENJAMIN ROAD

CITY

TAMPA

STATE

FL

POSTAL CODE

33634

COUNTRY

US

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

PARCEL ID. 06-22-413-011-0000, LOT 80, IN OAK KNOLL FARMS UNIT 11, BEING A SUB'D OF PT OF THE E ½ OF SEC 22, TWP 41, RGE 09 EAST OF THE 3RD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

**GRAHAM BULAWA
64 WASHINGTON AVE
STREAMWOOD, IL 601071367**

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Files in connection with a Manufactured-Home Transaction – effective 30 years

Filed in connection with a Public-Finance Transaction – effective 30 years