## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 17413 LASALLE BANK N

Doc#: 0720706142 Fee: \$28.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 07/26/2007 01:57 PM Pg: 1 of 3

| 116  | 673981                                 |                                    |   |                                    |
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| P.O. Box 29071   | <b>1</b>                               |                                    |   |                                    |
| Glendale, CA 91209-9071  |  |                                    |   |                                    |
| 1 A FIX  | : DYPK# /                              |                                    |   |                                    |
|  | WAW / / -                              | THE ABOVE                          | SPACE IS FOR FILING O   | FFICE USE ONLY                     |
| 1a. INITIAL FINANCING STATEMENT FILE #<br>96524738 07/10/96 CC IL Cook CC  | ounty Recorder                         |                                    | 1b. This FINANCING ST to be filed [for record REAL ESTATE REC |                                    |
| 2. X TERMINATION: Effectiveness of the I nancing Statement identif   |  |                                    |   |                                    |
| 3. CONTINUATION: Effectiveness of the Final cinc statement identificant continued for the additional period provided by applitiable law. | fied above with respect to the securit | y interest(s) of the Secured       | Party authorizing this Con                                    | tinuation Statement is             |
| 4. ASSIGNMENT (full or partial): Give name of assigne a in tem   | 7a or 7b and address of assigne        | ee in 7c; and also give n          | ame of assignor in item                                       | 19.                                |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects   |  | ty of record. Check only one       | of these two boxes.   |                                    |
| Also check one of the following three boxes and provide appropring CHANGE name and/or address: Give current record name in item 6a.      | ate ir formation in items 6 and/o      | or 7.<br>TE name: Give record name | a ADD name: Com   | plete item 7a or 7b, and also      |
| name (if name change) in item 7a or 7b and/or new address (if address  |  | deleted in item 6a or 6b.          | item 7c; also com   | nplete items 7d-7g (if applicable) |
| 6. CURRENT RECORD INFORMATION:   |  |                                    |   |                                    |
| 69. ORGANIZATION'S NAME GIORDANO'S ENTERPRISES, INC.   | T                                      |                                    |   |                                    |
| OR 6b. INDIVIDUAL'S LAST NAME  | FIRST N. ME                            |                                    | MIDDLE NAME   | SUFFIX                             |
| SO, INGIVIDONE O DI NOT IN INCE  |  | ŀ                                  |   |                                    |
|  | <del></del>                            |                                    |   |                                    |
| 7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  |  | <del>2×</del>                      |   |                                    |
|  |  |                                    |   |                                    |
| OR 7b. INDIVIDUAL'S LAST NAME  | FIRST NAME                             |                                    | MIDDLE NAME   | SUFFIX                             |
|  |  |                                    |   |                                    |
| 7c. MAILING ADDRESS  | CITY                                   | (2)                                | STATE POSTAL COD  | E COUNTRY                          |
|  |  |                                    | 4   |                                    |
| 7d. <u>SEE INSTRUCTION</u>   ADD'L INFO RE   7e. TYPE OF ORGANIZA  | ATION 7f. JURISDICTION OF O            | RGANIZATION                        | 7( ORCANIZATIONAL ID  | · ,                                |
| DEBTOR   |  |                                    | <u> </u>  | NONE                               |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box.  |  |                                    | U <sub>X</sub>  |                                    |
|  | ed collateral description, or descri   |                                    | · // //   | +                                  |
| SEE ATTACHED EXHIBIT 2. Pin numbers 16-02-10   | 08-009-0000, 16-02-108                 | -010-0000, 16-02-                  | 108-011-0000, 15  | -02-108-012-0000                   |
|  |  |                                    |   |                                    |
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|  | · ·                                    |                                    |   |                                    |
|  |  |                                    |   |                                    |
|  |  |                                    |   |                                    |

| 9. N | AME OF SECURED PARTY OF RECORD AUTHORS adds collateral or adds the authorizing Debtor, or if this is a Te | ZING THIS AMENDMENT (name of assignor, if this is an a sermination authorized by a Debtor, check here and enter n | Assignment). If this is an Amendment authoriz<br>arne of DEBTOR authorizing this Amendmen | red by a Debtor which |
|------|---|---|---|-----------------------|
| OR   | 9a, ORGANIZATION'S NAME<br>LASALLE BANK NATIONAL A  | ASSOCIATION   |   |                       |
|      | 9b. INDIVIDUAL'S LAST NAME  | FIRST NAME  | MIDDLE NAME   | SUFFIX                |

10. OPTIONAL FILER REFERENCE DATA

11673981 Debtor Name: Giordano's Enterprises, Inc. 3463993831 096-9530

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| 11. INITIAL FINA | NCING STATEMENT | FILE # (same as item 1a on Amer  | idment form)        |
|------------------|-----------------|----------------------------------|---------------------|
| 96524738         | 07/10/96        | CC IL Cook County                | Recorder            |
|                  |                 | AMENDMENT (same as item 9 on Ame |                     |
| 12a ORGANI       | ZATION'S NAME   | ATIONAL ASSOCIA                  | TION                |
| LASAL            | LE DAINN IN     | ATTOTALE ACCOUNT                 |                     |
| OR               | JAL'S LAST NAME | FIRST NAME                       | MIDDLE NAME, SUFFIX |

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\_\_ Description: SEE ATTACHED EXH'ਤਾ 2. OF COOK COUNTY CLOPA'S OFFICE

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## EXHIBIT 2

LOTS 14, 15 AND 16 IN BLOCK 2 IN HOSMER AND MACKEYS SUBDIVISION OF BLOCKS 1 TO 6 BOTH INCLUSIVE AND 12 TO 16 BOTH INCLUSIVE IN FREERS SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 2, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRUNCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO

LOT 17 IN DI JCK 2 IN HOSMER AND MACKEY'S SUBDIVISION OF BLOCKS 1 TO 6, BOTH INCLUSIVE, AND 12 TO 16, BOTH INCLUSIVE IN THE SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 2, TOWNSHIP 39 NOR'H, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK CJUNTY, ILLINOIS.

$$PIN: 16-82-108-009-0000$$

$$16-02-108-011-0000$$

$$(6-02-108-012-0000)$$

$$(6-02-108-012-0000)$$