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UCC FINANCING STATEMENT

4. This FINANCING STATEMENT covers the following collateral:

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone:(800) 331-3282 Fax: (818	9) 662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	5028 SUBURBAN BANK &
UCC Direct Services P.O. Box 29071	13034912
Glendale, CA 91209-9071	EXTURE



Doc#: 0801617036 Fee: \$28.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 01/16/2008 11:32 AM Pg: 1 of 3

_				_	THE ADOVE SPACE IS FUI	CHILING OFFICE USE ONL	.Y
1. [EBTOR'S EXACT FU	LL LEGAL NAME -	insert only one_debtor name (1	a or 1b) - do not abbrevi	ate or combine names		
OR	1a. ORGANIZATION'S I	NAME	5.				
-	1b. INDIVIDUAL'S LAST	NAME	732	FIRST NAME		E NAME	DAILE CON
	GOFIS			SPIROS	A.	CE IVAIVIE	SUFFIX
	MAILING ADDRESS 138 WINDSO	R DRIVE	Ox	PALOS HIL	LS IL	POSTAL CODE 60465	COLINTRY
1d. <u>s</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGAN ZATIK N	1f. JURISDICTION OF C	RGANIZATION 1g. O	RGANIZATIONAL ID #, if ar	·
2 A	DOITIONAL DEBTOR		CAL MANE			 	NONE
2. A	DUTTONAL DEBTOR	S EXACT FULL LE	GAL NAME - insert only one _ d	t btor name (2a or 2b) - (to not abbreviate or combine	names	
	2a. ORGANIZATION'S N	{AME	_	4			·
OR	2h INDIVIDUAL'S LAST						
	GOFIS	NAME		ANT KIEW	K.	E NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATI	POSTAL CODE	COUNTRY		
10029 S. PARKE AVENUE			OAK LAWN		60453	USA	
2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION			2f. JURISDICTION OF O	F GANIZATION 2g. O	2g. ORGANIZATIONAL ID #, if any		
3 \$	ECLIBED DARTVIS NO	DEBTOR	OTAL ACCIONES (40010)				NONE
J. J	39 ORGANIZATION'S N	HIVE (OF NAIVE OF I	OTAL ASSIGNEE of ASSIGNO	R S/P) - insert only one	secured party name (3a or 3	b)	
. .	SUBURBAN		RUST		0/1		
OR	3b. INDIVIDUAL'S LAST NAME		EIDOT ALLAND	<u> </u>	T/		
				FIRST NAME	M'ƏNL	ENAME	SUFFIX
	IAII ING ADDRESS			CITY	STATE	PC STAL CODE	
15	0 BUTTERFI	LLD ROAD)	ELMHURST	IL"	160126	USA

24-15-107-001-0000, 24-15-107-002-0000, 24-15-107-003-0000, 24-15-107-004-0000, 24-15-107-005-0000, 24-15-107-006-0000, 24-15-107-007-0000, 24-15-107-008-0000, 24-15-107-009-0000, 24-15-107-010-0000, 24-15-107-011-0000 and 24-15-107-012-0000, All Fixtures; whether any of the foregoing to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds)

5. ALTERNATIVE DESIGNATION [if applicable]	LESSEE/LESSOR CONSIGNEE	CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN NONLICC EILINIC	_ S(
[X] This FINANCING STATEMENT is to be filed (festate records. Attach Addendum 8. OPTIONAL FILER REFERENCE DATA	or record] (or recorded) in the REAL lif applicable)	Check to REQUEST SEARCH REPO (ADDITIONAL FEE)	RT(S) on Debtor(s)	All Debtors Debtor 1 Debtor	_ #
13034912	12322	GOF	s		- y

0801617036 Page: 2 of 3

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9. NAME OF FIRST DEBTOR (* 19a. ORGANIZATION'S NAME	la or 1b) ON RELATE	FINANCING STATE	MENT				
R							
96 INDIVIDUAL'S LAST NAME GOFIS	FIRST	ROS	MIDDLE NAME, SUFFIX A.				
D. MISCELLANEOUS				ĺ			
3034912-IL-31							
028 SUBURBAN BANI	⟨&						
2322							
OFIS							
le with: CC IL Cook+, IL	900			THE AROVE SD	CE 16 E	OR FILING OFFICE USI	- 0.11. 1/
. ADDITIONAL DEBTOR'S EX	ACT FULL LECAL NA	ME - insert only o <u>ne</u> r	name (11a or 11b) - do not a	abbreviate or combine	names	OR PILING OFFICE USI	ONLY
11a. ORGANIZATION'S NAME	1						
11b. INDIVIDUAL'S LAST NAMI	=	0.5	FIRST NAME		MIDDLE	MAME	SUFFIX
GOFIS			DEMETRI		T.	. IVAIVIL	SUFFIX
d SEE NISTRICTION		0	PALATINE		STATE L	POSTAL CODE 60067	COUNTRY
ord	SANIZATION	OF ORGANIZATION	1 if. JURISDICTION OF ORG	ANIZATION	11g. OF	RGANIZATIONAL ID#, i	any
F-1	TOR	· · · · · · · · · · · · · · · · · · ·					NO
ADDITIONAL SECURE	D PARTY'S or	ASSIGNOR S/P's NA	AME - racort cally one name	(12a or 12b)			
			0/2				
12b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
: MAILING ADDRESS			CITY				
		•		()	STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT co	vers timber to be a	it or as-extracted	16. Additional collateral descr	iotion			
collateral or is filed as a X fix	ture filing.		, Additional conateral descr	iption:			
Description of real estate:	,				2		
escription: LOTS 1 TO	12 INCLUSIVE IN	I RI OCK 5 IN				Diffice	
CERO GARDENS, A SU ORTHWEST 1/4 OF TH	JBDIVISION OF 1	THE				150	
ECTION 15, TOWNSHIP	37 NORTH RAI	NGF 13 FAST				10	
THE THIRD PRINCIPA DUNTY, ILLINOIS Real	Property located	at 10401 -				C	
415 S. CICERO AVENU ROPERTY TAX IDENTIF	JE. OAK LAWN: I	I 60453 REAL					
-15-107-001-0000, 24-1	5-107-002-0000	ENS ARE					
-15-107-003-0000, 24-1 -15-107-005-0000, 24-1	5-107-006-0000						
-15-107-007-0000, 24-1 -15-107-009-0000, 24-1	5-107-008-0000, 5-107-010-0000		•				
-15-107-011-0000 and 2 24-15-107-001-0000, 2	24-15-107-012-00	00. Parcel					
Name and address of a RECORD O	WNER of above-describe	· .					
(if Debtor does not have a record i	,						
(if Debtor does not have a record i		-	17.05			······································	
(if Debtor does not have a record	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		17. Check <u>only</u> if applicable and		to proce-	chu holisi in te C	7
(if Debtor does not have a record i			Debtor is a Trust or Tr	ustee acting with respect	to prope	rty held in trust or	Decedent's Estate
(if Debtor does not have a record i				ustee acting with respect	to prope	rty held in trust or	Decedent's Estate

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

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FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY		•		
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATE 9a. ORGANIZATION'S NAME	EMENT			
OR Sh. INDIVIDITAL'S LAST NAME SPIROS	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS				
13034912-IL-31				
5028 SUBURBAN BANK &				
12322				
GOFIS				
File with: CC IL Cook+, IL		THE ABOVE SPAC	E IS FOR FILING OFFIC	F USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL 'FGA! NAME - insert only one	name (11a or 11b) - do not al			
11a. ORGANIZATION'S NAME				
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	М	IIDDLE NAME	SUFFIX
11c. MAILING ADDRESS	СІТУ	s	TATE POSTAL CODE	COUNTRY
11d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR	11f. JURISDICTION OF ORGA	ANIZATION 1	lg. ORGANIZATIONAL I	D#, if any
12. ADDITIONAL SECURED PARTY'S Or ASSIGNOR S/P's N 12a. ORGANIZATION'S NAME	NAME - nsert only one_name	(12a or 12b)		
OR 12h INDUMENTALIST ACT NAME	46	<u> </u>		
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	M	IDDLE NAME	SUFFIX
12c. MAILING ADDRESS	CITY	S	TATE POSTAL CODE	COUNTRY
		C'		333,11.11
13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral or is filed as a fixture filling.	16. Additional collateral descrip	ption:		
14. Description of real estate:		2)		
24-15-107-003-0000, 24-15-107-004-0000, 24-15-107-005-0000, 24-15-107-006-0000, 24-15-107-007-0000, 24-15-107-008-0000, 24-15-107-009-0000, 24-15-107-010-0000, 24-15-107-011-0000 and 24-15-107-012-0000			Office	
,				
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):				
	17. Check only if applicable and			
		stee acting with respect to	property held in trust	or Decedent's Estate
	18. Check only if applicable and			
	Debtor is a TRANSMITTING Filed in connection with a M		ection effective 30 years	s
THING OFFICE CODY ANTIQUE	Filed in connection with a Pu			-