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

UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071



Doc#: 0811645036 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 04/25/2008 09:00 AM Pg: 1 of 3

	MYIL MAIL	THE ABOVE SPACE IS FOR FILING OFFIC	E USE ONLY
1a. INITIAL FINANCING STATE MENT FILE # 98822479 09/15/98 CC IL Cook Coi	unty Recorder	1b. This FINANCING STATE to be filed (for record) (or REAL ESTATE RECORD	recorded) in the
2. TERMINATION: Effectivenes of the Financing Statement identifie	d above is terminated with respect to	security interest(s) of the Secured Party authorizing this	Termination Statement
		iterest(s) of the Secured Party authorizing this Continue	
4. ASSIGNMENT (full or partial): Give name of essignee in item 7	7a or 7b and address of assigne	e in 7c; and also give name of assignor in item	9.
5. AMENDMENT (PARTY INFORMATION): This Amend next affects	Debtor or Secured Party of	record. Check only one of these two boxes.	
Also check one of the following three boxes and provide appropria CHANGE name and/or address: Give current record name in item 62 and name (if name change) in item 7a or 7b and/or new address (if address class cl	b; also give new DELETE	name: Give record name ADD name: Complete	item 7a or 7b, and also items 7d-7g (if applicable)
6. CURRENT RECORD INFORMATION:)		
BA ORGANIZATION'S NAME LASALLE NATIONAL BANK NOT PER	RSONALLY BUT A	S TRUSTEE U/T/A DATED	Cont On Adden.
6b. INDIVIDUAL'S LAST NAME	I IRST MANE	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	0,		
7a. ORGANIZATION'S NAME	40%	, , , , , , , , , , , , , , , , , , ,	
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
C. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. <u>SEE INSTRUCTION</u> ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	ON 7f. JURISDICTION OF ORGA	NIZATION 7g. ORGANIZATIONAL ID #, if a	ny NONE
B. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated of added, or give entire restated of added.	collateral description, or describe o		
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination author 9a. ORGANIZATION'S NAME LASALLE BANK NATIONAL ASSOCIA	nzed by a Debtor, check here and	enter name of DEBTOR authorizing this Amendment.	d by a Debtor which
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	LLE BANK N.A.	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

14119348 Debtor Name: LASALLE NATIONAL BANK NOT PERSONALLY BUT AS TRUSTEE U/T/A DATED 3/14/1995, TRUST NO. 01-4877 0119435654 096-9552-22/02)

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JCC FINANCING STATEM OLLOW INSTRUCTIONS (front at 1. INITIAL FINANCING STATEMENT F	nd back) CAREFULLY		
	CC IL Cook County	,	
2. NAME of PARTY AUTHORIZING THIS AM	ENDMENT (same as item 9 on Ame	endment form)	
129 ORGANIZATION'S NAME	TIONAL ASSOCIA	TION A/K/A LAsame	I as item9. I
	FIRST NAME	MIDDLE NAME, SUFFIX	
OR	FIRST NAME	MIDDLE NAME, SUFFIX	
OR		MIDDLE NAME, SUFFIX	

COOK COUNTY CLERK'S OFFICE - FULL TEXT OF ITEM c. LASALLE NATIONAL BANK NOT PERSONALLY BUT AS TRUSTEE U/T/A DATED 3/14/1995, TRUST NO. 01-4877

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Tr#01-4877

EXHIBIT $\stackrel{m{
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Address of Property: 1719 West 35th Street, Chicago, Illinois

Permanent Index No. 17-31-405-003