Doc#: 0813341073 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds ; 1 of 2

| UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY                                                                                                                                                                                        |                                                                                                                             | Date: 05/12/2008 02:31 PM Pg                                                                            |                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]                                                                                                                                                                                                                          |                                                                                                                             |                                                                                                         |                    |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)                                                                                                                                                                                                                           |                                                                                                                             |                                                                                                         |                    |  |
|                                                                                                                                                                                                                                                                         |                                                                                                                             |                                                                                                         |                    |  |
|                                                                                                                                                                                                                                                                         | THE ABOVE                                                                                                                   | ESPACE IS FOR FILING OFFICE                                                                             |                    |  |
| 1a. INITIAL FINANCING STATEMENT ILE # 0730931099                                                                                                                                                                                                                        | FILE DATE: 11/05/07                                                                                                         | to be filed [for record] (or recorded)                                                                  |                    |  |
| 2. X TERMINATION: Effectiveness of the Fin Incin J Statement identified above i                                                                                                                                                                                         | is terminated with respect to security interests(s) of                                                                      | the Secured Party authorizing this Ter                                                                  | mination Statement |  |
| 3. CONTINUATION: Effectiveness of the Finar and flatement identified about continued for the additional period provided by an plic lible law.                                                                                                                           | ove with respect to security interest(s) of the Sec                                                                         | cured Party authorizing this Continuation                                                               | on Statement is    |  |
| 4. ASSIGNMENT (full): Give name of assignee in item 7a or 7b and address of                                                                                                                                                                                             | f assignee in item 7c; and also give name of assig                                                                          | nor in item 9.                                                                                          |                    |  |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment af ect's DAlso check one of the following three boxes and provide appropriate information in CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. | ebtor or Secured Party of record. Check on items 6 and/or 7.  DELETE name: Give record name to be deleted in item 6a or 6b. | ly <u>one</u> of these two boxes.  ADD name: Complete item 7a or 7 also complete items 7e-7g (if applic |                    |  |
| 6. CURRENT RECORD INFORMATION:                                                                                                                                                                                                                                          |                                                                                                                             |                                                                                                         |                    |  |
| 6a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                 | 04                                                                                                                          |                                                                                                         |                    |  |
| 6b. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                              | FIRST NAME                                                                                                                  | MIDDLE NAME                                                                                             | SUFFIX             |  |
| 7. CHANGED (NEW) OR ADDED INFORMATION:                                                                                                                                                                                                                                  |                                                                                                                             | 1                                                                                                       |                    |  |
| 7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                 | Y)x.                                                                                                                        |                                                                                                         |                    |  |
| 7b. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                              | FIRST NAME                                                                                                                  | MIDDLE NAME                                                                                             | SUFFIX             |  |
| 7c MAILING ADDRESS                                                                                                                                                                                                                                                      | CITY                                                                                                                        | STATE POSTAL CODE                                                                                       | COUNTRY            |  |
| 7d. SEE INSTRUCTIONS ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION DEBTOR                                                                                                                                                                                                | 7f. JURISDICTION OF ORGANIZATION                                                                                            | 7g URCANIZATIONAL ID#, if a                                                                             | ny NONE            |  |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral.                                                                                                                                        | description, or describe collateral assigned                                                                                | . 0.                                                                                                    |                    |  |

Box 400-CTCC

|                                                                             | NG THIS AMENDMENT (name of assignor if this is an Assignor in this i |                                      |           |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|
| 9a ORGANIZATION'S NAME JPMORGAN CHASE BANK, N.                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | iaine of DEDTON authorizing this Ann | oranieri. |
| 9b. INDIVIDUAL'S LAST NAME                                                  | FIRST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MIDDLE NAME                          | SUFFIX    |
| 10. OPTIONAL FILER REFERENCE DATA To be filed in the office of the Cook Co. | County Recorder of Deeds, Illinois.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Debtor: United Sta                   |           |



0813341073 Page: 2 of 2

## **UNOFFICIAL COPY**

## EXHIBIT A TO UCC-3 AMENDMENT STATEMENT

DEBTOR: UNITED STATIONERS SUPPLY CO. 2200 EAST GOLF ROAD DES PLAINES, IL 60016

SECURED PARTY:

JPMORGAN CHASE BANK, N.A.,

AS COLLATERAL AGENT

CHASE TOWER, 10 S.DEARBORN ST.

CHICAGO, IL 60670

SITE NO. 3 DES PLAINES (FSC) 2200 EAST GOLF & JAD IL 60016

LEGAL DESCRIPTION

THAT PART OF LOTS 2 AND 3 IN (HI) SUPERIOR COURT COMMISSIONER'S PARTITION OF THE LANDS OF THE MINNA CARLE ESTATE (CASE NUMBER 34 S 18200) IN SECTION 9, TOWNSHIP 41 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 2; THENCE EASTERLY ALONG THE NORTH LINE OF SAID LOT 2 A DISTANCE OF 619.26 FEET TO THE NORTHWEST CORNER OF THE TRACT OF LAND DESCRIBED IN CIRCUIT COURT OF COOK COUNTY, ILLINOIS CASE NO. 95L-50192, RECORDED JUNE 10, 2003 AS DOCUMENT NO. 0316103087; THENCE FOLLOWING THE WESTERLY 3CUNDARY OF SAID TRACT FOR THE FOLLOWING 5 COURSES; THENCE SOUTH ALONG THE WEST LINE OF SAID TRACT 52.83 FEET; THENCE WEST AT RIGHT ANGLES TO THE LAST DESCRIBED COURSE 22 FEET; THENCE SOUTH AT RIGHT ANGLES TO THE LAST DESCRIPT COURSE 66 FEET; THENCE EAST AT RIGHT ANGLES TO THE LAST DESCRIBED COURSE 22 FEET; THENCE SOUTH AT RIGHT ANGLES TO THE LAST DESCRIBED COURSE 273.49 FELT TO A POINT ON THE WESTERLY RIGHT OF WAY LINE OF EAST RIVER ROAD AS ACQUIRED BY THE ILLINOIS STATE TOLL HIGHWAY COMMISSION BY WARRANTY DEED RECORDED ON NOVEMBER 21, 1957 AS DOCUMENT 17071229; THENCE SOUTHERLY, CONTINUING ON SAID WESTERLY RIGHT OF WAY LINE; 147.28 FEET TO AN ANGLE POINT IN SAID LINE; THENCE SOUTHWESTERLY ON SAID LINE; 67.50 FEET TO THE NORTH RIGHT OF WAY LINE OF GOLF ROAD AS DEDICATED BY DOCUMENT NO. 10298765; THENCE WESTERLY ON SAID NORTH RIGHT OF WAY LINE, 563.94 FEET TO THE WEST LINE OF LOT 3; THENCE NORTHERLY ALONG THE WEST LINES OF LOTS 3 AND 2, 599.87 TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.

PERMANENT TAX NUMBERS: 09-09-402-009 AND 09-09-402-010