## UNOFFICIAL COPY

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] CSC Diligenz, Inc. 1-800-858-5294

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

38364339

CSC Diligenz, Inc.

6500 Harbour Heights Pkwy, Suite 40

Mukilteo, WA 98275

Filed In: Illinois Cook



Doc#: 0832219008 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 11/17/2008 08:48 AM Pg: 1 of 2

THE ABOVE SDACE IS SOR SHING OFFICE HISE ONLY

26. MAILING ADDRESS  26. MAILING ADDRESS  27. JURISDICTION OF OF GALIZATION  26. SEE INSTRUCTIONS  ADD'L INFO RE   2e. TYPE OF ORGANIZATION   2f. JURISDICTION OF OF GALIZATION   2g. ORGANIZATIONAL ID #, if any					THE ABOVE	SPACE IS FO	K FILING OF FIGE OC	/L UNL I
Next Generation Technology SCRD Inc    Next Generation Technology SCRD Inc	1. D	EBTOR'S EXACT FL	JLLLEGAL, N/ME-	insert only <u>one</u> debtorname (1a or 1b)	- do not abbreviate or combine names			
TID. INDIVIDUAL SLAST NAME  TID. INDIVIDUAL SLAST NAME  TID. INDIVIDUAL SLAST NAME  TID. MAILING ADDRESS  CITY  Newark  NUMBRIAN DETERMINENTS  ADDIL INFO RE OCCUPANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only on the property of the post o		1a. ORGANIZATION'S NA	AME					
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11. Warren Street, #524 B&C  12. Newark  13. O7103  14. O7103  15. ORGANIZATION DEBTOR  15. ORGANIZATION DEBTOR  16. TYPE OF ORGAN ZATIO I ORGANIZATION DEBTOR  16. TYPE OF ORGAN ZATIO I ORGANIZATION DEBTOR  17. JURISDICTION OF ORGANIZATION  19. ORGANIZATIONAL ID #, if any O400175282  10. ORGANIZATION'S NAME  22. ORGANIZATION'S NAME  23. ORGANIZATION'S NAME  24. JURISDICTION OF OF GAT IZATION  25. INDIVIDUAL'S LAST NAME  26. MAILING ADDRESS  27. ORGANIZATIONS  ADDIL INFO RE ORGANIZATION OF ORGANIZATION DEBTOR  27. JURISDICTION OF OF GAT IZATION  ORGANIZATION DEBTOR  28. ORGANIZATION DEBTOR  29. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR  NONE  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only gog secured party name (Sator 3b)  3a. ORGANIZATION'S NAME  Pentech Financial Services, Inc.				J.	FIRST NAME	MIDDLE	NAME	SUFFIX
1d. SEEINSTRUCTIONS  ADDIL INFO RE ORGANIZATION DEBTOR  ADDIL INFO RE ORGANIZATION DEBTOR  Corp.  NJ  1f. JURISDICTION OF ORGANIZATION O400175282  NONE  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on deb or name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  CITY  STATE POSTAL CODE  COUNTRY  2d. SEEINSTRUCTIONS  ADDIL INFO RE ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only gog secured party name (5 or 3b)  3a. ORGANIZATION'S NAME  Pentech Financial Services, Inc.	1c. N	MAILING ADDRESS			СПҮ	STATE	POSTAL CODE	COUNTRY
ORGANIZATION DEBTOR Corp. NJ 0400175282 NONE  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on deb or name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME  OR 2b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  2c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  2d. SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (s. or 3b)  3a. ORGANIZATION'S NAME  Pentech Financial Services, Inc.	21	1 Warren Stree	t, #524 B&C		Newark	1		
ORGANIZATION DEBTOR Corp. NJ 0400175282 NONE  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on deb or name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  2c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  2d. SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR  ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (5. or 3b)  3a. ORGANIZATION'S NAME  Pentech Financial Services, Inc.	1d. SEE INSTRUCTIONS   ADD'L INFO RE   1e. TYPE OF ORGAN ZATIO			1f. JURISDICTION OF ORGANIZATION	1g. ORG			
2a. ORGANIZATION'S NAME    Postal code   Country	Ī			Corp.	NJ	0400	175282	NONE
OR 2b. INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFIX  2c. MAILING ADDRESS   CITY   STATE   POSTAL CODE   COUNTRY  2d. SEE INSTRUCTIONS   ADD'L INFO RE ORGANIZATION   DEBTOR   DEBTOR   DEBTOR   DEBTOR   ORGANIZATION   DEBTOR   ORGANIZATION   DEBTOR   ORGANIZATION   ORGANIZATION	2. A	DDITIONAL DEBTO	R'S EXACT FULL	LEGAL NAME - insert only on d	ieb or rame (2a or 2b) - do not abbreviate or com	bine names		
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2c. MAILING ADDRESS  2d. SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR  ADD'L INFO RE ORGANIZATION DEBTOR  ADD'L INFO RE ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (S or 3b)  3a. ORGANIZATION'S NAME  Pentech Financial Services, Inc.	OR:	A TOTAL CONTROL OF THE CONTROL OF TH			IFIRS NAME	MIDDLE	IMIDDLE NAME	
2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION 2f. JURISDICTION OF OF GALIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only gate secured party name (\$\infty\$ or 3b)  3a. ORGANIZATION'S NAME Pentech Financial Services, Inc.		ZB. INDIVIDUAL S LAST	IVAIVIE		THEO TO AME			
ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (\$\infty\$ or 3b)  3a. ORGANIZATION'S NAME  Pentech Financial Services, Inc.	2c. l	MAILING ADDRESS			СПҮ	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (5 or 3b)  3a. ORGANIZATION'S NAME  Pentech Financial Services, Inc.	2d.	SEEINSTRUCTIONS		2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF OF GAT JIZATION	2g. ORG	ANIZATIONAL ID #, if any	<u> </u>
Pentech Financial Services, Inc.								NONE
Pentech Financial Services, Inc.	3. S	ECURED PARTY'S	NAME (or NAME of	TOTAL ASSIGNEE of ASSIGNOR S/	P) -insert only one secured party name (5. or 3b)			
AC					11111			
OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX		Pentech Finan	cial Services	s, Inc.		-//-/		
	OR	3b, INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
						1,0		
3c. MAILING ADDRESS CITY STATE CODE COUNTRY	3c. (	MAILING ADDRESS			СПУ	STATE	USTAL CODE	COUNTRY
				Campbell	CA	98255	USA	

4. This FINANCING STATEMENT covers the following collateral:

All equipment and other personal property, including but not limited to furniture, fixtures and equipment subject to that certain Agreement Number LA# 17798 dated 10/24/08, between Secured Party as Lessor/Creditor and Debtor as Lessee/Debtor, and subject to any and all existing and future schedules entered into pursuant to and incorporating said Agreement, together with all accessories, parts, attachments and appundances appertaining or attached to any of the equipment, and all substitutions, trade-ins, renewals and replacements of and improvements and accessions to the Equipment.

This filing is for information purposes only.

LA#17798

Equipment Location: 116 S. Arlington Rd., #301, Arlington Heights, IL 60005

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed [for record] (or recorded ESTATE RECORDS. Attach Addendum	) in the REAL 7. Check to REC fif applicable] [ADDITIONAL	QUEST SEARCH REPOR . FEEL	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA					38364339

0832219008 Page: 2 of 2

## **UNOFFICIAL COPY**

CC FINANCING STATEN	MENT ADDENDUM	<b>'</b>			
OLLOW INSTRUCTIONS (front and bac NAME OF FIRST DEBTOR (1a or 1b	(K) CAREFULLY (A) ON RELATED FINANCING STAT	EMENT			
9a. ORGANIZATION'S NAME	ORREDATED TO STATE OF THE STATE				
Next Generation Technol	oav SCRD Inc				
9b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
35. H151115 57.E 5 27.E					
0.MISCELLANEOUS:					
0/0/0			THE ABOVE SPACE I	S FOR FILING OFFI	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT F	ELUL I GO AL NAME - insert only one i	name (11a or 11b) - do not abbreviat	e or combine names		
11. ADDITIONAL DEBTOR'S EXACT T	FULL LEG AL WARE - Misercomy one				
Tra. OROARIZATION O TOTAL	0~				
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
THE HADINEDONE OF SHEET AND AND					
11c, MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
.,				10 4 35 10 10 4 35 10 10 10 10 10 10 10 10 10 10 10 10 10	
11d, SEEINSTRUCTIONS ADD'L INFO	RE 11e. TYPE OF ORGANIZATION	JURISDICTION OF ORGANI	ZATION  11g. ORG	SANIZATIONAL ID#, if a	any Non
ORGANIZAT DEBTOR					NON
12. ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/P'S	NANS in tonly one name (	12a or 12b)		
12a, ORGANIZATION'S NAME	·				
			MIDDLE	NAME	SUFFIX
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	1,11,55		
	<u></u>	СПҮ	STATE	POSTAL CODE	COUNTRY
12c. MAILING ADDRESS					
	timber to be cut or as-extracted	16. Additional collateral descrip	ntion:	<u> </u>	
13. This FINANCING STATEMENT covers		10. Modisorial values			
collateral, or is filed as a fixture filing 14. Description of real estate:	ng.		4		
Legal Description:			0,'		
County: Cook, IL			9		
Township-Range-Sect: 42-	-11-32				
Legal Lot: 4,5				775.	
APN: 03-32-103-019-0000				10	
Subdivision: BOEGER'S A	DD/ARLINGTON				
HEIGHTS					
Map Reference: / 42-11-32	2NW				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
15. Name and address of a RECORD OW (if Debtor does not have a record intere	NER of above-described real estate ast):				
		17. Check <u>only</u> if applicable a	nd check only one box.		
		Debtor is a Trust or	Trustee acting with respect to	property held in trust	or Decedent's Est
		18. Check only if applicable a	nd check only one box.		
		Debtor is a TRANSMITTIN			
		Filed in connection with a	Manufactured-Home Transac	tion — effective 30 years	5
			Public-Finance Transaction -		