MNOFFICIAL COPY

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) 15614 LEADERS BANK CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071

Doc#: 0900819037 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 01/08/2009 02:37 PM Pg: 1 of 2

| FIX | TURE | | • |
|--|---|--|---|
| | | THE ABOVE SPACE IS FOR FILING OFFI | CE USE ONLY |
| 1a. INITIAL FINANCING STATEMENT FILE # 0805010019 02/15/08 CC IL Cook- | F | 1b. This FINANCING STATI to be filed [for record] (o REAL ESTATE RECOR | EMENT AMENDMENT is recorded) in the DS. |
| 2. TERMINATION: Effectiveness of a.e. inancing Statement identifi | | | |
| 3. CONTINUATION: Effectiveness of the final ling Statement identification continued for the additional period provided by applicable law. | ied above with respect to the security interest | s) of the Secured Party authorizing this Continu | ation Statement is |
| 4. ASSIGNMENT (full or partial): Give name of assignce in item | 7a or 7b and address of assignee in 7c; | and also give name of assignor in item 9. | |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects | ν, – – | d. Check only one of these two boxes. | |
| Also check <u>one</u> of the following three boxes <u>and</u> provide apr oprior CHANGE name and/or address: Give current record name in ite. 16a or name (if name change) in item 7a or 7b and/or new address (if add. 35 | l6b; also give new ┌── DELETE name: | | e item 7a or 7b, and also te items 7d-7g (if applicable) |
| 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME | 7 | | |
| OR 6b. INDIVIDUAL'S LAST NAME | FIF ST NAME | MIDDLE NAME | SUFFIX |
| MAZUR | STEPHEN | J | į |
| 7. CHANGED (NEW) OR ADDED INFORMATION: | 95 | | |
| 7a. ORGANIZATION'S NAME | 17 | | |
| OR 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| MAZUR | STEPHEN | J | |
| 7c. MAILING ADDRESS | CITY | STATE POSTAL CODE | COUNTRY |
| 5245 HARVEY AVENUE | WESTERN SPRI | | USA |
| 7d. SEE INSTRUCTION ADD'L INFO RE OF ORGANIZATION ORGANIZATION DEBTOR | TION 7f. JURISDICTION OF ORGANIZA | TION 7g. ORGANIZATIONAL ID#, i | f any NONE |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one_box. | | | |
| | ed collateral description, or describe collat | eral assigned. | |
| Parcel ID: 19-06-205-059-0000. | * | eral assigned. | |
| | | . (3) | |
| | | CV | |
| <i>;</i> | | · | |
| • | • | • | |

| NAME OF SECURED PARTY OF RECORD AUTHORI adds collateral or adds the authorizing Debtor, or if this is a Te | ZING THIS AMENDMENT (name of assignor, if this is | an Assignment). If this is an Amendment author | ized by a Debtor which |
|---|--|--|------------------------|
| 9a. ORGANIZATION'S NAME THE LEADERS BANK | Animation during the State of t | ` | <u> </u> |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |
| ODTIONAL ELLED REFERENCE DATA | | | |

17097350 Debtor Name: MAZUR, STEPHEN J Commercial

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| UC FOI | C FINANCIN | G STATEMEI | NT AMENDMEN I back) CAREFULLY | NT ADDENDUM |
|--------------------|---------------------|--------------------|----------------------------------|---------------------|
| 11. | NITIAL FINANCING | G STATEMENT FIL | E # (same as item 1a on Ame | ndment form) |
| Ό8 | 05010019 | 02/19/08 | CC IL Cook+ | |
| * 12. F | IAME of PARTY AUT | HORIZING THIS AME | NDMENT (same as item 9 on An | nendment form) |
| 1 ; • 1 | THE LEAD | DERS BANK | 〈 . | |
| • OR | 12b. INDIVIDUAL'S I | AST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |
| 13. | Use this space for | additional informa | ition . | <u> </u> |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: PARCEL 1: LC15 AND THE EAST 8.00 FEET OF LOT 6 IN BLOCK 3 OF JOHN C. WACHTER SUBDIVISION OF BLOCKS 3. 4. 5. 6. 11 AND 12 OF NICKERSON'S SUBDIVISION OF THE EAST 1/2 OF SECTION 6. TOWNSHIP 38 NORTH, RANGE 13. EAST OF THE THIRD FRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS ADDRESS: 6509-11 West Pershing, Stickney, IL. Parcel ID: 19-06-205 059-0000

STATE