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| C FINANCING STATEMENT AMENDMEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NT .                                                                           | oc#: 0927519009 Fee: \$40                                                                          | ).00                              |
| OW INSTRUCTIONS (front and back) CAREFULLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D0                                                                             | gene "Gene" Moore RHSP Fee:\$                                                                      | 10.00                             |
| IAME & PHONE OF CONTACT AT FILER [optional]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Co                                                                             | ok County Recorder of Deeds                                                                        |                                   |
| n Miller (414) 665-4182                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | te: 10/02/2009 11:23 AM Pg: 1 c                                                                    | of 3                              |
| SEND ACKNOWLEDGMENT TO: (Name and Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |                                                                                                    |                                   |
| The Northwestern Mutual Life Insurance Compan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ıy l                                                                           |                                                                                                    |                                   |
| Attn: Jan Miller - N16WC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                                                                    |                                   |
| 720 E. Wisconsin Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                                                                                    |                                   |
| Milwaukee, WI 53202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ľ                                                                              |                                                                                                    |                                   |
| Minwaukee, Wi 55252                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |                                                                                                    |                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | 1b. This FINANCING STATE                                                                           | MENT AMENDMENT IS                 |
| NITIAL FINANCING STATEMENT FILE#<br>0508245105 filed 3/23/2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                | to be filed [for record] (or REAL ESTATE RECORD                                                    | recorded) in the<br>DS.           |
| TERMINATION: Effectiveness of the ring ican's Statement identified above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e is terminated with respect to security in                                    | nterest(s) of the Secured Party authorizing this Ter                                               | mination Statement.               |
| CONTINUATION: Effectiveness of the Fig. are go statement identified a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | shove with respect to security interest/s                                      | of the Secured Party authorizing this Continuat                                                    | ion Statement is                  |
| continued for the additional period provided by pplicable law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                                                                                    |                                   |
| ASSIGNMENT (full or partial): Give name of assign se in dc . 7a or 7b an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nd address of assignee in item 7c; and a                                       | so give name of assignor in item 9.                                                                |                                   |
| AMENDMENT (PARTY INFORMATION): This Amendment affe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Debtor or Secured Party of recon                                               | i. Check only one of these two boxes.                                                              |                                   |
| Also check one of the following three boxes and provide appropriate information is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | in items 6 and/or 7.                                                           | o:d                                                                                                | item 7a or 7b, and also           |
| CHANGE name and/or address: Give current record name in item oa o' ob, name (if name change) in item 7a or 7b and/or new address (if address che                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | also give new DELETE name:<br>ge) in item 7c. to be deleted in i               | em 6a or 6b. item 7c; also complete                                                                | items 7d-7g (if applicable).      |
| CURRENT RECORD INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0/                                                                             |                                                                                                    |                                   |
| 6a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 一个                                                                             |                                                                                                    |                                   |
| Hines 70 West Madison LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I SIO THE S                                                                    | MIDDLE NAME                                                                                        | SUFFIX                            |
| 6b. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FIR: T NAME                                                                    |                                                                                                    |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                                                                    | <del></del>                       |
| CHANGED (NEW) OR ADDED INFORMATION:  [7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                                                                                    |                                   |
| 78. ORGANIZATION S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                                                                                    |                                   |
| R 7b. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FIRST NAME                                                                     | MIDDLE NAME                                                                                        | SUFFIX                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | Incort Coope                                                                                       | COUNTRY                           |
| : MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CITY                                                                           | STATE POSTAL CODE                                                                                  |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | ZATION 17g. ORGANIZATIONAL ID#                                                                     | ifany                             |
| 3. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7f. JURISDICTION OF ORGANI                                                     | ZATION 17g. ORGANIZATIONAL ID #                                                                    |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | 10                                                                                                 | NONE                              |
| ORGANIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                                    |                                   |
| ORGANIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | llateral description, or describe collater                                     | ai assigned.                                                                                       |                                   |
| o Not Provide   ORGANIZATION   DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | llateral description, or describe collater                                     | ai assigned.                                                                                       | 9                                 |
| O Not Provide   ORGANIZATION   DEBTOR   AMENDMENT (COLLATERAL CHANGE): check only Q19 box. Describe collateral   deleted or   added, or give entire   restated collateral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                | ai assigned.                                                                                       | 9                                 |
| O Not Provide DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only gne box.  Describe collateral deleted or added, or give entire restated collateral transfer added.  See attached Exhibit "A" for Legal Description.  Property Address: 70 West Madison Street, Chicago, Tax parcel No. 17-09-462-015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IL 60602                                                                       | this is an Assignment). If this is an Amendment a                                                  | uthorized by a Debtor which       |
| O Not Provide DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only gne box.  Describe collateral deleted or added, or give entire restated collateral translateral restated collateral translateral transla | IL 60602                                                                       | this is an Assignment). If this is an Amendment a                                                  | uthorized by a Debtor which       |
| O Not Provide   ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral   Ideleted or   added, or give entire   restated collateral collateral restated r | IL 60602  S AMENDMENT (name of assignor, if orized by a Debtor, check here and | this is an Assignment). If this is an Amendment at<br>enter name of DEBTOR authorizing this Amendr | uthorized by a Debtor which ment. |
| O Not Provide DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only gne box. Describe collateral Deleted or added, or give entire restated collateral Change in the collateral Describe collateral Deleted or added, or give entire restated collateral Change in the collateral Change in the collateral Description.  Property Address: 70 West Madison Street, Chicago, Tax parcel No. 17-09-462-015  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Deleter. The Northwestern Mutual Life Insurance Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IL 60602  S AMENDMENT (name of assignor, if orized by a Debtor, check here and | this is an Assignment). If this is an Amendment a                                                  | uthorized by a Debtor which       |
| ONOT Provide DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only gne box.  Describe collateral deleted or added, or give entire restated collateral translation.  See attached Exhibit "A" for Legal Description.  Property Address: 70 West Madison Street, Chicago, Tax parcel No. 17-09-462-015  D. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination authority of the Northwestern Mutual Life Insurance Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IL 60602  S AMENDMENT (name of assignor, if orized by a Debtor, check here and | this is an Assignment). If this is an Amendment at<br>enter name of DEBTOR authorizing this Amendr | uthorized by a Debtor which ment. |
| AMENDMENT (COLLATERAL CHANGE): check only gne box.  Describe collateral deleted or added, or give entire restated collateral tached Exhibit "A" for Legal Description.  Property Address: 70 West Madison Street, Chicago, Tax parcel No. 17-09-462-015  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination author or in the Northwestern Mutual Life Insurance Company 190. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IL 60602  S AMENDMENT (name of assignor, if orized by a Debtor, check here and | this is an Assignment). If this is an Amendment at<br>enter name of DEBTOR authorizing this Amendr | uthorized by a Debtor which ment. |
| O Not Provide DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only gne box.  Describe collateral Deleted or Deleted or Describe collateral Deleted or Describe collateral Deleted or Describe collateral Deleted or Describe collateral Collateral Description.  Property Address: 70 West Madison Street, Chicago, Tax parcel No. 17-09-462-015  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Deleter, Or if this is a Termination authorizing Deleter Delet | IL 60602  S AMENDMENT (name of assignor, if orized by a Debtor, check here and | this is an Assignment). If this is an Amendment at<br>enter name of DEBTOR authorizing this Amendr | uthorized by a Debtor which ment. |

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#### EXHIBIT "A"

## Description of Property

#### Parcel 1:

Lot 1 in Three First National Subdivision, being a Subdivision comprised of a part of each of Lots 5, 6, 7 and 8 in Block 57 in original Town of Chicago, in Section 9, Township 39 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.

### Parcel 2:

The leasehold estate, creared by the instrument herein referred to as the Lease, executed by: Block MDC, Inc., a Texas corporation, as lessor, to Madison Associates, a Texas general partnership, as lessee, dated April 10, 1978 and recorded April 12, 1978 as Document 24400078; as amended and restated by Amended and Restated Lease dated September 19, 1978 and recorded September 22, 1978 as Document 24639226, as further amended by Amendment and Supplement to Amended and Restated Lease dated October 20, 1981 and recorded October 20, 1981 as Document 26033148, Second Amendment and Supplement to Amended and Restated Lease dated April 12, 1983 and recorded April 12, 1983 as Document 26565953, Third Amendment and Supplement to Amended and Restated Lease dated December 18, 1984 and recorded October 9, 1986 as Document 86468007, clarification with respect to Ground Lease dated December 18, 1984 and recorded March 5, 1987 as Documents 87121380 and 87121381, as further amended by Second Amended and Restated Lease dated July 29, 1988 and recorded July 29, 1988 as Document 88338680 and as assigned by Assignment and Assumption of Lessee's Interest under Ground Lease dated July 29, 1988 and recorded July 29, 1988 as Document 88338681 from Madison Associates, a Texas general partnership to Madison Two Associates, a Texas general partnership, which lease, as amended, cia ified, modified, restated, supplemented and assigned, demises Parcel 1 aforesaid for a term of years beginning April 11, 1978 and ending April 10, 2077.

## Parcel 3:

A Non-Exclusive, Perpetual Easement in favor of Parcels 1 and 2 aforesaid to pass or, over or through the following described land for the purposes of passage between the One First National Plaza Building and the Three First National Plaza Building and access to any commercial establishments located therein from time to time, as created by Cross Easement and Operating Agreement dated October 17, 1980 and recorded November 24, 1980 as Document 25678355, and as amended by First Amendment to Cross Easement and Operating Agreement dated July 29, 1988 and recorded July 29, 1988 as Document 88338679: All of the property and space lying between horizontal planes which are 29.33 and 47.50 feet, respectively, above Chicago City Datum, and lying within the boundaries, projected vertically, of a certain portion of the South 25 feet of Block 57 in original town of Chicago in Section 9, together with a certain portion of Block 119 in School Section Addition to Chicago in Section 16 and also a certain portion of W. Madison Street lying North of and adjacent to said Block 119, all in

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Township 39 North, Range 14 East of the Third Principal Meridian, Cook County, Illinois, bounded and described as follows:

Beginning at a point on the North Line of W. Madison Street, as widened, (said North Line being also the North Line of the South 25 feet of said Block 57) which point is 63.27 feet, as measured along said North Line, East of the intersection of said North Line with the East Line of N. Clark Street, and running thence Southeastwardly along a straight line a distance of 90.28 feet to a point which is 14.71 feet, measured perpendicularly, South of the South Line of said W. Madison Street (said South Line being also the North Line of said Block 119) which point also is 73.57 feet, measured perpendicularly, East of the East Line of S. Clark Street (said East Line being also the West Line of said Block 119); thence Eastwardly along a line which is 14.71 feet South of and parallel with said South Line of W. Madison Street a distance of 13.80 feet; thence Northwestwardly along a straight line a distance of 90.25 feet to an intersection with said North Line of W. Madison Street, said intersection being 77.07 feet, as measured along said North Line, East of said East Line of N. Clark Street; thence Westwardly along said North Line a distance of 13.80 feet to the point of beginning, in Cook County, Illinois.

#### Parcel 4:

A Perpetual, Irrevocable Easement in favor of Parcels 1 and 2 aforesaid for the use, maintenance and operation of the metal and glass bay windows, a metal and glass canopy and underground vaulted space beyond the Southern Boundary of Parcel 1 afores aid, as created by Declaration and Grant of Irrevocable Easement dated July 29, 1988 and recorded July 29, 1988 as Document 88338677 by the First National Bank of Chicago, a national banking association, to Madison Two Associates, a Texas general partnership, over the following described land;

The South 25 feet of original Lots 5, 6, 7 and 8 in Block 57 in criginal town of Chicago, in Section 9, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. 7's Office

Property Address: 70 West Madison Street, Chicago, IL 60602

Tax Parcel No. 17-09-462-015