## UNOFFICIAL COPY

NAME & PHONE OF CONTACT AT FILER [optional] CORPORATION SERVICE COMPANY 1-800-858-5294  SEND ACKNOWLEDGMENT TO: (Name and Address)  49137045 - 336190  PREPARED BY: CORPORATION SERVICE COMPANY 801 ADLAI STEVENSON DRIVE SPRINGFIELD, IL 62703-4261 Filed In: Illinois Cook	ed Party authorizing this Continuation S of assignor in item 9.	SP Fee:\$10.00 Deeds  V Pg: 1 of 1  SE ONLY  NT AMENDMENT is corded) in the ation Statement.
PREPARED BY: CORPORATION SERVICE COMPANY 801 ADLAI STEVENSON DRIVE SPRINGFIELD, IL 62703-4261 Filed In: Illinois Cook  THE ABOVE SP INITIAL FINANCING STATEMENT FILE # 00934431 11/29/2000  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secure continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignment under the continued for the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions	PACE IS FOR FILING OFFICE US  1b. This FINANCING STATEMED  to be filed [for record] (or rec  REAL ESTATE RECORDS.  e Secured Party authorizing this Termin  ed Party authorizing this Continuation S  of assignor in item 9.	SE ONLY  NT AMENDMENT is sorded) in the ation Statement.
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CONTINUATION: Effectiveness of the First acting Statement identified above with respect to security interest(s) of the Secure continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignment acting and address of assignment interest (s) of the Secured AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record, Check only also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions	ed Party authorizing this Continuation S of assignor in item 9. one of these two boxes.	Statement is
CHANGE name and/or address: Please refer to the detailed instructions  ASSIGNMENT (full or partial): Give name of assignment aftects Debtor or Decorate Decorate Party of record, Check only of CHANGE name and/or address: Please refer to the detailed instructions	of assignor in item 9. one of these two boxes.	
ASSIGNMENT (full or partial): Give name of assignment and address of assignee in item 7c; and also give name of assignment affects. Debtor or Secured Party of record. Check only a Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.	one of these two boxes.	7b, and also item 7c; licable).
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record, Check only states of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions.	one of these two boxes.	7b, and also item 7c; icable).
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions  DELETE name: Give record name	,	7b, and also item 7c; icable).
CHANGE name and/or address: Please refer to the detailed instructions  DELETE name: Give record name in regards to changing the name/address of a party.	ADD name: Complete item 7a or also complete items 7e-7g (if appl	76, and also item 7c; licable).
CURRENT RECORD INFORMATION:		
6a. ORGANIZATION'S NAME 57 WEST GRAND LLC		
66. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:		
7a, ORGANIZATION'S NAME		
75. INDIVIDUAL'S LAST NAME   FIRST NAME	MIDDLE NAME	SUFFIX
19. HOPERDONE & CHOT MANIE.	MIDDLE NAME	SUFFIX
. MAILING ADDRESS CITY	STATE POSTAL CODE	COUNTRY
	2.	
B. SEE INSTRUCTIONS ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   DEBTOR   7f. JURISDICTION OF ORGANIZATION   0   0   0   0   0   0   0   0   0	7g. ORGANIZATIONAL ID #, if any	y None
AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral description, or describe collateral assigned *MINNESOTA N.A., AS TRUSTEE FOR THE SALOMON BROTHERS COMMERCIAL MORTGAGE TRUS  LEGAL DESCRIPTION:		
OTS 10, 11, 12 AND 13 IN JOHN S. PRUSSING'S SUBDIVISION OF BLOCKS 7 AND 10 IN WOLCOTT'S A THE NORTH EAST 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIP		
OMMONLY KNOWN AS: 57 W. GRAND, CHICAGO, ILLINOIS  'ERMANENT INDEX #S: 17-09-255-019-0000 AND 17-09-255-020-0000		
	nent). If this is an Amendment authorize	ed by a Debtor which
98. ORGANIZATION'S NAME WELLS EADOO DANK NA SUCCESSOD DV MEDGED TO WELLS EA	DCO D 4 NTZ **	
WELLS FARGO BANK N.A., SUCCESSOR-BY-MERGER TO WELLS FA 96. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME	SUFFIX

49137045

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) .

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