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1113034016

UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]

LISA J. ROUSE 217-747-8663

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

ILLINOIS NATIONAL BANK

322 E. CAPITOL

SPRINGFIELD, IL 62701

Doc#: 1113034016 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 05/10/2011 08:59 AM Pg: 1 of 2

			THE ABOVE SPA	CE IS FOR	FILING OFFICE USE O	NLY
	NITIAL FINANCING STATEMENT (1/2#) OC#: 0628934067			to be	FINANCING STATEMENT A filed [for record] (or recorde ESTATE RECORDS.	
2.	TERMINATION: Effectiveness of the Time citing Statement identified above is	terminated with res	pect to security interest(s) of the	Secured Party	authorizing this Termination	Statement,
3.	CONTINUATION: Effectiveness of the Fin nor g Statement identified above continued for the additional period provided by a proble law.	e with respect to se	curity interest(s) of the Secured	Party authori	zing this Continuation State	ment is
4.	ASSIGNMENT (full or partial): Give name of assigne a in err la or 7b and ad	ldress of assignee i	n item 7c; and also give name of	assignor in ite	em 9.	
	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate in ormation in ite	- 🗀	d Party of record. Check only <u>or</u>			
ſ	CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name to be deleted in	e: Give record name n item 6a or 6b.	ADD na also cor	me: Complete item 7a or 7b, ai nplete items 7e-7g (if applicabl	nd also item 7c; e).
6. (CURRENT RECORD INFORMATION:					
	6a. ORGANIZATION'S NAME					
~ D	EXOHO ASSOCIATES LIMITED PARTNERSHIP	-				Tavisei
ÓR	6b. INDIVIDUAL'S LAST NAME	FIRS' NAME		MIDDLE N	AME	SUFFIX
7.	CHANGED (NEW) OR ADDED INFORMATION:		16			
	7a. ORGANIZATION'S NAME		17/1			
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	C	MIDDLE	IAME	SUFFIX
7c.	MAILING ADDRESS	CITY	0	STATE	POSTAL CODE	COUNTRY
7d.	SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTIO	N OF ORGANIZATION	7 ₉ . ORGA	NIZATIONAL ID #, if any	NONE
8	AMENDMENT (COLLATERAL CHANGE); check only one box. Describe collateral deleted or added, or give entire restated collatera	il description, or de	scribe collateral assigned.		0,50	

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.								
OR	9a. ORGANIZATION'S NAME ILLINOIS NATIONAL BANK 322 E. CAPITOL, SPRINGFIELD, 1L 62701							
	96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX				
10.	OPTIONAL FILER REFERENCE DATA							

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)



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EXHIBIT A

Legal Description

LOTS 1, 2 AND 3 (EXCEPT THAT PART OF LOT 1 LYING NORTHWEST OF A LINE DRAWN AT RIGHT ANGLES TO THE WESTERLY LINE OF LINCOLN AVENUE, 70 FEET NORTHWEST OF THE SOUTHEASTERLY CORNER OF LOT 3) IN BLOCK 6 IN GROSS' NORTH ADDITION TO CHICAGO, BEING A SUBDIVISION OF THE SOUTHWESTERLY 1/2 OF THE EAST 1/2 OF THE SOUTH FAST 1/4 OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIFD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN No. 14-19-424-516-0000

Commonly known as: 3378-3344 N. Lincoln Avenue, Chicago, IL 60657