| UCC I | FINANCING | STATEMENT | AMENDMENT |
|-------|-----------|-----------|-----------|
| | | | |

| FOLLOW INSTRUCTIONS (front and back) CAREFU | JLLY |
|--|----------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-328 | 2 Fax (818) 662-4141 |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) | 16911 US BANK OSHKOS |
| CT Lien Solutions | 29708717 |
| P.O. Box 29071 Glendale, CA 91209-9071 | ILIL FIXTURE |
| | 1,,,,,,,,, |

| | | | RE | | | |
|--|---|--|---------------------------|---|--|---|
| L | <i>N</i> , | | | THE ABOV | /E SPACE IS FOR FILING OFFI | |
| 001093936 | G STATEMENT FILE 10/10/01 | * CC IL Cook+ | | | 1b. This FINANCING STATE to be filed [for record] (o REAL ESTATE RECOR | EMENT AMENDMENT is r recorded) in the DS. |
| TERMINATION | : Effectiveness of the | Fir ancing Statement identified abo | ove is terminated with | respect to security interest(s) of | the Secured Party authorizing th | is Termination Statement. |
| CONTINUATIO | N: Effectiveness of the additional period provided | e rinancing Statement identified about by anytic ble law. | ove with respect to the | security interest(s) of the Secur | ed Party authorizing this Continu | ation Statement is |
| | | ive name of artignee in item 7 | | | | m 9. |
| | | | L_J | red Party of record, Check only o | one of these two boxes. | |
| CHANGE name a | and/or address: Give curre | tes <u>and provide approunds in</u> ent record name in item (a or 6L; al d/or new address (if address channels) | lso give new | and/or 7. DELETE name: Give record na to be deleted in item 6a or 6b. | | te item 7a or 7b. and also te items 7d-7g (if applicab |
| URRENT RECOR | DINFORMATION: | | 9 | | | |
| 6a. ORGANIZATION | S NAME | • | 4 | | | |
| | 27.1115 | | FIRST NAME | | MIDDLE NAME | SUFFIX |
| 6b. INDIVIDUAL'S LA | AST NAME | | FIRST NAME | | WHODLE NAME | SUFFIX |
| | | <u></u> | \perp Q | | | |
| | OR ADDED INFORMA | ATION: | | 4h | | |
| 7a. ORGANIZATION | | ACCOCIATION | | | | |
| _US_BANK 7b. INDIVIDUAL'S LA | | ASSOCIATION | FIRST NAME | | MIDDLE NAME | SUFFIX |
| 75. INDIVIDUALS LA | AST NAME | | TIKOT HAME | | MIDDEL HAME | 30/17/ |
| MAILING ADDRESS | | | CITY | 10 | STATE POSTAL CODE | COUNTRY |
| MAILING ADDINESS | | | 19717 | | | |
| oo CITY CI | FNTFR | | OSHKO | SH | WI 54901 | |
| | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | OSHKOS 7f. JURISDICTIO | SH n of organization | .'WI 54901 7g. organizational id #, i | |
| SEE INSTRUCTION | ADD'L INFO RE ORGANIZATION DEBTOR LATERAL CHANGE | check only one_box. | | N OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, I | |
| SEE INSTRUCTION | ADD'L INFO RE ORGANIZATION DEBTOR LATERAL CHANGE | check only one_box. | 7f. JURISDICTIO | N OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, i | |
| SEE INSTRUCTION | ADD'L INFO RE ORGANIZATION DEBTOR LATERAL CHANGE | check only one_box. | 7f. JURISDICTIO | N OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, I | |
| SEE INSTRUCTION | ADD'L INFO RE ORGANIZATION DEBTOR LATERAL CHANGE | check only one_box. | 7f. JURISDICTIO | N OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, I | |
| SEE INSTRUCTION | ADD'L INFO RE ORGANIZATION DEBTOR LATERAL CHANGE | check only one_box. | 7f. JURISDICTIO | N OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, I | |
| SEE INSTRUCTION AMENDMENT (COL Describe collateral | ADD'L INFO RE ORGANIZATION DEBTOR LATERAL CHANGE deleted or added | check only one_box. | 7f. JURISDICTIO | N OF ORGANIZATION r describe collateral assign assignor, if this is an Assignment). | 7g. ORGANIZATIONAL ID#, i | S / P 2 S / M / M SC / E / INT Z |
| NAME OF SECURE adds collateral or add | ADD'L INFO RE ORGANIZATION DEBTOR LATERAL CHANGE deleted or added D PARTY OF RECOR Is the authorizing Debtor, | check only one box. d, or give entire restated coll D AUTHORIZING THIS AMEN | 7f. JURISDICTIO | N OF ORGANIZATION r describe collateral assign assign | 7g. ORGANIZATIONAL ID #, i ed. If this is an Amendment authorizing this Amendment | S / P / 2 S / M / M / SC / E / INT / Z |

3000017323 NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

Prepared by CT Lien Solutions, P.O. Box 29071 Glendale, CA 91209-9071 Fel (800) 331-3282

1125534005 Page: 2 of 2

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| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back | | DDENDUM | |
|---|-----------------------------------|---------------------------|---|
| 11. INITIAL FINANCING STATEMENT FILE # (sa | ame as item 1a on Amendment fo | orm) | |
| 0010939361 10/10/01 CC | C IL Cook+ | | |
| 12. NAME of PARTY AUTHORIZING THIS AMENDMEN | NT (same as item 9 on Amendment f | orm) | |
| 12a ORGANIZATION'S NAME FEDERAL DEPOSIT INS | SURANCE CORPO | RATION, A ^{same} | as item9. |
| 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | |
| 13. Use this space for additional information | | | |
| | | | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY |

- ùFULL TEXT OF ITEM 9: FEDERAL DEPOSIT INSURANCE CORPORATION, AS RECEIVER FOR PULLMAN BANK AND TRUST COMPANY BY ITS AIF

Recorded Owner: COSMOPOLITAN BANK AND TRUST, AS TRUSTEE UNDER TRUST AGREEMENT DIKNOWN AS TRUST NUMBER 31283

Owner Address: 801 N CLARK, CHICAGO, ILLINOIS, 60610

Description: ADDRESS: 7201-19 S. YATES, CHICAGO, ILLINOIS 60649 LOTS 5 AND 6 (EXCEPT FROM LOTS 5 AND 6, THE EASTERLY 33 FT TAKEN FOR PHILLIPS AVENUE AND EXCEPT THE SOUTH 2 FE DIVISION 4 IN SOUTH SHORE SUBDIVISION OF THE NORTH FRACTIONAL 1/2 OF FRACTIONAL SEC NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, TOGETHER WITH A RESUBDIVISIO 1,2,4,64,66,126,127, AND 128 OF DIVISION 1 OF WESTFALL'S SUBDIVISION OF DOUGLAS TRACT IN ILLINOIS. Parcel ID: 21-30-104-034-000