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Doc#: 1218419022 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/02/2012 09:19 AM Pg: 1 of 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Phone: (800) 331-3282 Fax: (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 11033 SUSQUEHANNA CO

CT Lien Solutions 33395453
P.O. Box 29071
Glendale, CA 91209-9071 ILIL
FIXTURE

File with: CC IL Cook, IL

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1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
DHAVAL INC.

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
220 N SMITH STREET #112 PALATINE IL 60067 USA

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION CORPORATION 1f. JURISDICTION OF ORGANIZATION IL 1g. ORGANIZATIONAL ID #, if any 68286794 NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
SUSQUEHANNA COMMERCIAL FINANCE, INC.

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
2 COUNTRY VIEW ROAD SUITE 300 MALVERN PA 19355 USA

4. This FINANCING STATEMENT covers the following collateral:

All assets of debtor (hereinafter referred to as "Collateral"), including but not limited to: All goods, including all machinery, equipment fixtures, appliances and furniture now owned or hereafter acquired, wherever located, together with all inventory now owned, or hereafter acquired and products and proceeds thereof. All accounts contract rights, and accounts receivable now owned or hereafter in existence and all proceeds thereof and all returned or repossessed goods arising from or relating to any of said accounts or rights, including but not limited to all subleases of inventory and equipment and rental contracts pertaining thereto. All substitutions and replacements for, accessions, attachments, and other additions to, and tools, parts, inventory and equipment used in connection with the above property. All property similar to the above hereafter acquired by debtor. All general intangibles, trade names, copyrights, licenses and good will of debtor now owned or hereafter acquired. All records pertaining to any collateral, including computerized records, and ledgers. All proceeds of all of the foregoing Collateral.

S P S M S C E INT

5. ALTERNATIVE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAIOLR SELLER/BUYER AG. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 (ADDITIONAL FEE) (optional)

8. OPTIONAL FILER REFERENCE DATA 33395453 106192

UNOFFICIAL COPY**FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS**33395453-IL-31****11033 SUSQUEHANNA CO**

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME					
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral or is filed as a fixture filing.

16. Additional collateral description:

14. Description of real estate:

Description: PARCEL# 149/02-15-400-054 LOCATION:
220 N SMITH ST #112 PALATINE, IL 60067 LANDLORD:
GATEWAY CENTER OF PALATINE LLC 1400 SOUTH
WOLF ROAD BLDG 100 WHEELING, IL 60090-6524.
Parcel ID: 149/02-15-400-054

15. Name and address of a RECORD OWNER of above-described real estate
(if Debtor does not have a record interest):

GATEWAY CENTER OF PALATINE LLC
1400 SOUTH WOLF ROAD BLDG 100, WHEELING, IL,
60090-6524

17. Check only if applicable and check only one box.Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate18. Check only if applicable and check only one box.

- Debtor is a TRANSMITTING UTILITY
 Filed in connection with a Manufactured-Home Transaction
 Filed in connection with a Public-Finance Transaction



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EXHIBIT A

LEGAL DESCRIPTION

PARCEL 1:

LOT 1 OF PLAT OF RESUBDIVISION OF GATEWAY CENTER BEING A SUBDIVISION OF A PART OF THE SOUTHEAST 1/4 OF SECTION 15, TOWNSHIP 42 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, SAID PLAT HAVING BEEN RECORDED OCTOBER 30, 2001 AS DOCUMENT 0011012354.

PARCEL 2:

EXCLUSIVE EASEMENT IN FAVOR OF PARCEL 1 AS CREATED BY EASEMENT OPERATING AGREEMENT, RECORDED OCTOBER 30, 2001 AS DOCUMENT 0011012357, FOR PARKING.