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| U   | CC FINANC                                       | ING STATE   | MENT AN                                      | MENDME              | Doc#: 1234110019 Fee: \$42.00<br>Karen A. Yarbrough RHSP Fee:\$10.00<br>Cook County Recorder of Deeds<br>Date: 12/06/2012 10:17 AM Pg: 1 of 3 |  |                   |   |                       |
|---|---|---|--|---------------------|---|--|-------------------|---|-----------------------|
|   | NAME & PHONE OF CO                              | NTACT AT FILER [opt   | •  | 7.549.44            |   |  |                   |   |                       |
| В.  | SEND ACKNOWLEDGE                                | · · · · · · · · · · · · · · · · · · ·                                 | I Bill a War at Malaka a sa                  | 15237 OLD S         | ٦   | ute. 12/00/2   | 012 10:17 AM Pg:  | 1 of 3  |                       |
|   |   |   |  |                     |   |  |                   |   |                       |
|   | CT Lien Solutions 35816526                      |   |  | 26                  |   |  |                   |   |                       |
|   | P.O. Box 29                                     | • • • •   |  | ILIL                |   |  |                   |   |                       |
|   | Giendale, C                                     | CA 91209-9071   |  | TETE                | ,   | -  |                   |   |                       |
|   |   | 7   |  |                     |   | THE A  | BOVE SPACE IS     | FOR FILING OFFICE US  | E ONLY                |
| 1a.   | INITIAL FINANCING<br>0030248421                 |   |  | ook                 | -   |  | 1b. This to be    | FINANCING STATEMENT<br>filed [for record] (or record<br>L ESTATE RECORDS. | AMENDMENT is          |
| 2.  | TERMINATION:                                    |   |  |                     |   | respect to security interest(s                             |                   |   |                       |
| 3.  | X CONTINUATION continued for the ac             | <ul> <li>Effectiveness of the<br/>Iditional period provide</li> </ul> | e Fir anding Stateme<br>d by ap Muable law . | ent identified abov | e with respect to th  | e security interest(s) of the Se                           | ecured Party auth | norizing this Continuation S  | tatement is           |
| 4.  | ASSIGNMENT (                                    | full or partial): Give  | name of ascionse                             | nitem 7a or 7       | 7b and address of   | of assignee in 7c; and als                                 | o give name of    | assignor in item 9.   | <del></del>           |
| 5. /  | AMENDMENT (PART<br>Also check <u>one</u> of the |   |  |                     |   | ured Party of record. Check or                             | nly one of these  | two boxes.  |                       |
|   | CHANGE name and                                 | d'or address: Give curri<br>ge) in item 7a or 7b an                   | ent record name in it                        | em oa or op, also   | give new  | DELETE name: Give record<br>to be deleted in item 6a or 6  |                   | DD name: Complete item 7<br>em 7c; also complete items                    |                       |
| 6. 0  | CURRENT RECORD                                  | INFORMATION:  |  |                     |   |  |                   | an 76, also complete items  | ru-rg (ii applicable) |
|   | BLUFF CIT                                       | Y MATERIA   | ALS, INC.                                    | •                   |   |  |                   |   |                       |
| OR  | 6b. INDIVIDUAL'S LAST                           |   |  |                     | FIRST WA'LE   |  | MIDDLE NA         | AME   | SUFFIX                |
| _   |   |   | <del></del> -                                |                     |   | /  |                   |   |                       |
| 7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME |   |   |  |                     |   |  |                   |   |                       |
| OR  |   |   |  |                     |   |  |                   |   |                       |
|   | 7b. INDIVIDUAL'S LAST                           | NAME  |  |                     | FIRST NAME  |  | MIDDLE NA         | AME   | SUFFIX                |
| 7c.   | MAILING ADDRESS                                 |   |  |                     | CITY  |  | STATE             | POSTAL CODE   | COUNTRY               |
| 7d.   | SEE INSTRUCTION                                 | ADD'L INFO RE<br>ORGANIZATION   | 7e. TYPE OF OR                               | GANIZATION          | 7f. JURISDICTIC   | N OF ORGANIZATION  | 7g. ÖLGAN         | IZATIONAL ID #, if any  |                       |
| 8. 4  | AMENDMENT (COLL                                 | DEBTOR<br>ATERAL CHANGE   | ): check only on                             | e box.              |   |  | (                 | <u> </u>  | NONE                  |
|   |   |   | d, or give entire                            | 1                   | eral description, o   | r describe collateral assi                                 | igned.            | 6 S   | 13                    |
|   |   |   |  |                     |   |  |                   |   | N                     |
|   |   |   |  |                     |   |  |                   |   | N                     |
|   |   |   |  |                     |   |  |                   | 15v<br>212<br>212   | 4                     |
| 9. N  | IAME OF SECURED F                               | PARTY OF RECOR  | D AUTHORIZING                                | THIS AMENIO         | MENT (nome of   | ssignor, if this is an Assignme                            | mak Make .        |   | (1)                   |
| 11  | 9a. ORGANIZATION'S                              | e authorizing Debtor,   | or if this is a Termina                      | ation authorized b  | y a Debtor, check t   | issignor, if this is an Assignme nere and enter name of DI |                   |   | a Debtor Writch       |
| OR  | 9b. INDIVIDUAL'S LAST                           |   | NAL DAN                                      | `                   | FIRST NAME  |  | MIDDLE NA         | MF  | SUFFIX                |
|   |   |   |  |                     |   |  | WILDER IN         | 1111Ly  | SOIFIX                |
|   | OPTIONAL FILER RE                               |   | DI LIEE CI                                   |                     | EDIAL C. I  | NC LISTE 1   | 20                | ··· <u>·</u>  |                       |

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

repared by CT Lien Solutions, P.O. Box 29071 ilendale, CA 91209-9071 Tel (800) 331-3282

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|     |                             |                    | NT AMENDMEN  back) CAREFULLY  | NT ADDENDUM         |  |  |  |  |
|-----|-----------------------------|--------------------|-------------------------------|---------------------|--|--|--|--|
| 11. | INITIAL FINANCIN            | G STATEMENT FIL    | E # (same as item 1a on Ame   | ndment form )       |  |  |  |  |
|     |                             |                    | CC IL Cook                    | •                   |  |  |  |  |
| 12. | NAME of PARTY AUT           | HORIZING THIS AME  | NDMENT (same as item 9 on Ame | ndment form)        |  |  |  |  |
| 0.0 | OLD SECOND NATIONAL BANK    |                    |                               |                     |  |  |  |  |
| OR  | 12b. INDIVIDUAL'S LAST NAME |                    | FIRST NAME                    | MIDDLE NAME, SUFFIX |  |  |  |  |
| 13. | Use this snace for          | additional informa | otion                         |                     |  |  |  |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor Name and Address:
BLUFF CITY MATERIALS, INC. - 2252 SOUTHWIND BLVD., BARTLETT, IL 60103-1304
GIFFORD 300, LLC - 2252 SOUTHWIND BLVD., BARTLETT, IL 60103-1304
Secured Party Name and Address:
OLD SECOND NATIONAL BANK - 815 E. CGDEN AVE., NAPERVILLE, IL 60563-2834 Coot County Clart's Office

OSNE DOC PREP \$308920315 1234110019 Page: 3 of 3 DEC. 13. 2007 4:39PM VO. 1818

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## EXHIBIT "A"

THAT PART OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 29 AND THE EAST 1/2 OF THE NORTHEAST 1/2 OF SECTION 30, ALL IN TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT THE INTERSECTION OF THE NORTH RIGHT OF WAY LINE OF CHICAGO, MILWAUKEE, ST. PAUL AND PACIFIC RAILROAD AND THE WEST LINE OF THE COMED RIGHT OF WAY PER DOCUMENTS 9899344 AND 9929391; THENCE NORTH 00 DEGREE, 10 MINUTES, 09 SECONDS EAST, A DISTANCE OF 453.90 FEET ALONG SAID WESTERLY RIGHT OF WAY LINE: THENCE NORTH 08 DEGREES, 23 MINUTES, 10 SECONDS EAST, A DISTANCE OF 668.11 FEFT CONTINUING ALONG SAID WESTERLY RIGHT OF WAY LINE: THENCE NOT I'VE 81 DEGREES, 36 MINUTES, 50 SECONDS WEST, A DISTANCE OF 70.00 FEET ALONG A LINE PERPENDICULAR TO SAID WESTERLY RIGHT OF WAY TO THE POINT OF BEGINNING; THENCE NORTH 87 DEGREES, 20 MINUTES, 16 SECONIS WEST, A DISTANCE OF 1056.44 FEET; THENCE NORTH 00 DEGREE, 45 MINUTES, 57 SECONDS EAST, A DISTANCE OF 596.39 FEET ALONG A LINE PARALLEL TO THE CENTERLINE OF GIFFORD ROAD; THENCE SOUTH 87 DEGREES, 21 MINUTES, 16 SECONDS EAST, A DISTANCE OF 1135.93 FEET TO A POINT 70.00 FAET WESTERLY OF SAID WESTERLY RIGHT OF WAY, AS MEASURED PERPENDICULAR TO SAID WESTERLY RIGHT OF WAY, THENCE SOUTH 08 DEGREES, 23 MINUTES, 10 SECONDS WEST, A DISTANCE OF 599.05 FEET ALONG A LINE PARALLEL TO SAID WESTERLY RIGHT OF WAY LINE TO THE POINT OF BEGINNING, IN COOK C/OPTS OFFICE COUNTY, ILLINOIS.

06-29-100-007-0000 PIN: 06-29-100-014-0000

06-30-201-006-0000