UNOFFICIAL COMMISSIONES

UC FOI	C FINANCIN	NG STATE	MENT AMENDME ack) CAREFULLY	NT	HHSP F Karen A Cook Co	1315515053 ee:\$10.00 Affidavi Yarbrough bunty Recorder of 6/04/2013 01:06 PM	t Fee: Deeds
	AME & PHONE OF CON	TACT AT FILER (option	onal]	8) 662-4141			w rg. 1013
B SI	END ACKNOWLEDGEM						
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	CT Lien Solu		382981	10			
	P.O. Box 290	-	ILIL				
	Giendale, CA	A 91209-9071	FIXTUF	RF .			
			, ,,,,,	<u>" </u>	THE ABOVE	SPACE IS FOR FILING	OFFICE USE ONLY
	NITIAL FINANCING S	STATEMEN FILE 11/25/US	CC IL Cook			1b. This FINANCING S	TATEMENT AMENDMENT is d] (or recorded) in the
2.	TERMINATION:		Financing Statement identified above	e is terminated with respect to sec	curity interest(s) of the	t e Secured Party authorizin	ng this Termination Statement.
3. [X CONTINUATION: continued for the add	Effectiveness of the	Finar - g Statement identified abov				
• [name of assignue in item 7a or 7b	h and address of assistance in	To: and also give s	eame of assignor in iter	m 9
4. 5. Al						e of these two boxes.	11 3.
	Also check one of the CHANGE name and/	following three box or address: Give curre	ces and provide appropriate info ant record name in item 6a v 6', also d/or new address (if address change	ogive newDELETE nar	ne: Give record name In item 6a or 6b.		mplete item 7a or 7b. and also mplete items 7d-7g (if applicable)
	URRENT RECORD IN						
	64 ORGANIZATION'S N CENTRUM		E II, L.L.C.				
OR	6b. INDIVIDUAL'S LAST		,	FIRST NAME		MIDDLE NAME	SUFFIX
7. C	HANGED (NEW) OR	ADDED INFORMA	ATION:	1//	<u> </u>		
	7a. ORGANIZATION'S N			<i>y</i>			
OR	7b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE NAME	SUFFIX
					(Q _A ,		
7c. N	IAILING ADDRESS			CITY	4	STATE POSTAL COI	DE COUNTRY
7d. <u>S</u>	EE INSTRUCTION	ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGAN	IZATION	7). ORGANIZATIONAL II	D #, if any
8. A	MENDMENT (COLLA	DEBTOR TERAL CHANGE): check only o <u>ne</u> box.			130.	
	·	leleted or adde	d, or give entire restated collat	teral description, or describe co			FEREIN BY THIS S
	DAN # 72500009 EFERENCE.	00 SEE EXHI	BIT A LEGAL DESCRIP	TION ATTACHED HEF	RETO AND IN	CORPORATED	
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9. N	AME OF SECURED F	PARTY OF RECOR	RD AUTHORIZING THIS AMEND	DMENT (name of assignor, if this	is an Assignment). If	this is an Amendment au	thorized by a Debtor which
	adds collateral or adds th	e authorizing Debtor,	or if this is a Termination authorized I				
	9a. ORGANIZATION'S I		ATIONAL ASSOCI	ATION, AS MAS	TER SER\	ICER ON BE	EHALF *
OR	9b. INDIVIDUAL'S LAST			FIRST NAME		MIDDLE NAME	SUFFIX
	1			1			

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

1315515053 Page: 2 of 3

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. INITIAL FINANCING STATEMENT F	ILE # (same as item 1a on Amen	dment form)
332910159 11/25/03	CC IL Cook	
NAME of PARTY AUTHORIZING THIS AN		andment form)
12a ORGANIZATION'S NAME		
WACHOVIA BANK,	NATIONAL ASSO	CIATION, AS M ^{same as in}

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor Name and Address:
CENTRUM NORRIDGE II, L.L.C.
- C/O CENTRUM PROPERTIES, INC. 225 W. HUBBARD SUITE 400, CHICAGO, IL 60610
Secured Party Name and Address:
WACHOVIA BANK, NATIONAL ASSOCIATION, AS MASTER SERVICER ON BEHALF(*) - 201 South College Street - 9th Floor, NC1075, Charlotte, NC 28244-1075

FULL TEXT OF ITEM 9: WACHOVIA BANK, NATIONAL ASSOCIATION, AS MAGTER SERVICER ON BEHALF OF, WELLS FARGO BANK MINNESOTA, NA AS TRUSTEI: FOR THE BENEFIT OF THE CERTIFICATE HOLDERS OF, COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES SERIES WACHOVIA BANK 2003-C9

Parcel ID: 12113090200000, 12113090210000 Description: SEE ATTACHED.

1315515053 Page: 3 of 3

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EXHIBIT A

LEGAL DESCRIPTION

LOT 10 (EXCEPT THE EASTERLY 35 FEET THEREOF), ALL OF LOTS 11 AND 12 IN BLOCK 8 IN CUMBERLAND AND LAWRENCE, BEING GEORGE GAUNTLETT'S SUBDIVISION OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 11, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. Or Cook Colland Clerk's Office