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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/13/2013 10:32 AM Pg: 1 of 2

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
WORLD FUEL SERVICES INC DBA TEXOR PETROLEUM

B. E-MAIL CONTACT AT FILER (optional)
kelly.allen@carterenergy.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

WORLD FUEL SERVICES DBA TEXOR PETROLEUM
P.O. BOX 29106
SHAWNEE MISSION, KS 66201
913-643-2247

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME
PETROLEUM MANAGEMENT TEAM, INC.

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CITY	STATE	POSTAL CODE
CHICAGO HEIGHTS	IL	60411
COUNTRY	USA	

1c. MAILING ADDRESS
1401 STATE ST

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CITY	STATE	POSTAL CODE
COUNTRY		

2c. MAILING ADDRESS

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
WORLD FUEL SERVICES DBA TEXOR PETROLEUM

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CITY	STATE	POSTAL CODE
SHAWNEE MISSION	KS	66201
COUNTRY	USA	

3c. MAILING ADDRESS
P.O. BOX 29106

4. COLLATERAL: This financing statement covers the following collateral:

- Three(3)Gas dispensers Gilbarco brand
- Two(2)Gas/diesel dispensers Gilbarco brand
- One(1)Shell branded canopy
- One(1)Shell branded 2 product LED ID sign
- One(1)Passport register console
- Walk in cooler
- All Fixtures
- All Inventory
- All Personal Property

Y
2
N
N
Y
Y
FNU

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:
TANDEM FUELS, INC.

International Association of Commercial Administrators (IACA)

UNOFFICIAL COPY**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here <input type="checkbox"/>				
9a. ORGANIZATION'S NAME PETROLEUM MANAGEMENT TEAM, INC.				
OR				
9b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c				
10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
11. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)				
11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)		14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing		
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): PETROLEUM MANAGEMENT TEAM, INC. 1401 STATE ST CHICAGO HEIGHTS, IL 60411		16. Description of real estate: THE SOUTH 200 FEET OF THE NORTH 250 FEET OF THE WEST 672 FEET OF THE SOUTHWEST 1/4 (EXCEPT THAT PART TAKEN FOR ROAD DOCUMENT #27299217) AND (EXCEPT STATE STREET AS WODENED) AND (EXCEPT THE EAST 300 FEET) AND (EXCEPT THAT PART TAKEN FOR ROAD PER DOCUMENT #26462820) OF SECTION 22 TOWNSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PIN# 32-22-300-040-0000		
17. MISCELLANEOUS:				

International Association of Commercial Administrators (IACA)