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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS	nnor r	1406945023 Fee: \$42 Fee:\$9.00 RPRF Fee: \$1.00 .Yarbrough	2.00
A. NAME & PHONE OF CONTACT AT FILER (optional) WORLD FUEL SERVICES INC DBA TEXO	Cook C	ounty Recorder of Deeds 3/10/2014 10:01 AM Pg: 1 o	fa
B. E-MAIL CONTACT AT FILER (optional) kelly.allen@carterenergy.com		, , , , , , , , , , , , , , , , , , ,	10
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
WORLD FUEL SERVICES INC DBA TEXT PETROLEUM P.O. BOX 29100	OR ¬		
SHAWNEE MISSION, KS 66201			
913-643-2247	THE ABOVE S	PACE IS FOR FILING OFFICE USE	
L1a. ORGANIZATION'S NAME	act, full name, do not omit, modify, or abbreviate any par provide the Individual Debtor information in item 10 of the	t of the Debtor's name); if only part of the	Carlotte Commission
BLUE ISLAND ASHLAND CITGO, II	NC.		
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2. MAILING ADDRESS 12932 S ASHLAND ST	BLUE ISLAND	STATE POSTAL CODE IL 60406	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exaname will not fit in line 2b, leave all of item 2 blank, check here and particularly and particularly and particularly are provided in the particular particularly and particularly are provided in the particular p	act, finina ne; do not omit, modify, or abbreviate any part provide: ".e" individual Debtor information in item 10 of the	of the Debtor's pama\; if any part of the le	
2a ORGANIZATION'S NAME	7	This long Statement Addendorn (Form U	CC1Ad)
R 2b. INDIVIDUAL'S SURNAME	FIRST PERS JNA NAME	4 DOITION H	
	THOU PERCONALISAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	SECURED PARTY): Provide only one Secure Party na	ame (3a or 3b)	
WORLD FUEL SERVICES INC DBA			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD'TIONAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 2.O. BOX 29106	CITY	STATE L'OSTAL CODE	COUNTRY
COLLATERAL: This financing statement covers the following collateral:	SHAWNEE MISSION	KS 66201	USA
FOUR(4)GILBARCO GASOLINE/DIESEL DISPENSER		Fice	<u> </u>
WO(2)RUBY REGISTER CONSOLES NE(1) CITGO BRANDED CANOPY		10	5
NE(1)CITGO BRANDED 3 PRODUCT LED SIG	GN		→ ¬>
NEOTER O DO AMBER 4 BRARMAR 4	GN		S. M
NE(1)CITGO BRANDED 1 PRODUCT LED SIG VALK IN COOLER			
VALK IN COOLER LL FIXTURES			
VALK IN COOLER LL FIXTURES LL INVENTORY			سترعين وثو
VALK IN COOLER LL FIXTURES			N. N.
VALK IN COOLER LL FIXTURES LL INVENTORY			
VALK IN COOLER LL FIXTURES LL INVENTORY			80. E_
VALK IN COOLER LL FIXTURES LL INVENTORY LL PERSONAL PROPERTY Theck only if applicable and check only one box: Collateral is neld in a 1		g administered by a Decedent's Personal	SO E NT.
ALK IN COOLER LL FIXTURES LL INVENTORY LL PERSONAL PROPERTY Theck only if applicable and check only one box: Collateral is held in a Tocheck only if applicable and check only one box:	Frust (see UCC1Ad, item 17 and Instructions) bein	g administered by a Decedent's Personal Check <u>only</u> if applicable and check <u>only</u> on	Representative
VALK IN COOLER LL FIXTURES LL INVENTORY LL PERSONAL PROPERTY Theck only if applicable and check only one box: Collateral is neld in a 1	Frust (see UCC1Ad, item 17 and Instructions) bein	g administered by a Decedent's Personal Check <u>only</u> if applicable and check <u>only</u> on Agricultural Lien Non-UCC F Bailee/Bailor License	Representative e box:

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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 9a. ORGANIZATION'S NAME BLUE ISLAND ASHLAND CITGO, INC. 9b. INDIVIDUAL'S SURNAME FIRST PERSON AL NAME ADDITIONAL NAME(S)/I VITI/.L/S THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a o. 10b) J. ly 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS STATE POSTAL CODE COUNTRY ASSIGNOR SECURED FARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: covers as-extracted collateral is filed as a fixture filing covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest) BLUE ISLAND ASHLAND CITGO, INC. **SEE ATTACHED** 12932 S ASHLAND ST **BLUE ISLAND IL 60406** 17. MISCELLANEOUS:

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THIS CERTIFIES THAT THE PERMANENT REAL ESTATE INCENTIONIBER KNOWN AS: 25 - 31 - 217 - 018 - 0000 BEARS THE FOLLOWING LEGAL DESCRIPTION:

THAT PART OF LOT 1 BEGINNING IN THE SOUTH LINE OF VERMONT STREET AND THE WEST LINE OF ASHLAND AVENUE THENCE SOUTH ALONG THE WEST LINE OF ASHLAND AVENUE 200 FEET THENCE WEST AT RIGHT ANGLES 125 FEET THENCE NORTH PARALLEL TO THE WEST LINE OF ASHLAND AVENUE 151.18 FEET TO THE SOUTH LINE OF VERMONT STREET THENCE NORTHEASTERLY ALONG THE SOUTH LINE OF VERMONT STREET TO THE POINT OF BEGINNING (EXCEPT THAT PART TAKEN FOR ROAD PER CONDEMNATION CASE #93L50013) IN SUBDIVISION OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 31 TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL on Stoppersty of Cook Colling Clerk's Office MERIDIAN, IN COOK COUNTY, ILLINOIS.