

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) SomerCor 504, Inc 312-360-3300	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	· ***
SOMERCOR 504, INC. 601 S. LASALLE STREET, SUITE 510	
CHICAGO, IL 60605	



Doc#: 1609144012 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 03/31/2016 10:14 AM Pg: 1 of 3

1. DEBTOR'S NAME: Provide C', Cue Debtor name (1a or 1b) (use over	THE ABO	VE SPACE IS F	OR FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide', C. Debtor name (1a or 1b) (use exac name will not fit in line 1b, leave all of iter. 1 blank, check here and provide at a ORGANIZATION'S NAME MBZ HOLDINGS, LLC - 12.55 S MICH 1b. INDIVIDUAL'S SURNAME		ny part of the Debto of the Financing Si	r's name); if any part of the l tatement Addendum (Form U	ndividual Debtor ICC1Ad)
1c. MAILING ADDRESS	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1455 S. MICHIGAN AVENUE 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2b) (use exact name will not fit in line 2b, leave all of item 2 blank).	CHICAGO	STATE	POSTAL CODE 60605	COUNTRY
OR 26. ORGANIZATION'S NAME NEW GENERATION EDUCATOR LL 2b. INDIVIDUAL'S SURNAME	C FIRST FERSUNAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 1455 S. MICHIGAN AVENUE	CHICAGO	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S 3a. ORGANIZATION'S NAME U.S. SMALL BUSINESS ADMINISTRA 3b. INDIVIDUAL'S SURNAME	SECURED PARTY): Provide only une Security Re	rty name (3a or 3b	IAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 601 S. LASALLE STREET, SUITE 510	CITY	STATE	POSTAL CODE	

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

All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, instruments (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, of cu nents, deposit accounts, investment property, money, other rights to payment and performance, and general intangibles ('ac' uding but not limited to all software and all payment intangibles); all oil, gas and other minerals before extraction; all oil, gas, other minerals and accounts constituting as-extracted collateral; all fixtures; all timber to be cut; all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, and commingled goods relating to the foregoing property; and all additions, replacements of and substitutions for all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records and data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records and data on electronic media; and all supporting obligations relating to the foregoing property; whether now existing or hereafter arising, whether now owned or hereafter acquired, wherever located, together with all replacements, substitutions, attachments, additions, thereof, or for use in connection therewith,

5. Check only if applicable and check only one box: Collateral is held in a Trust (see LICC14d item 17 and last arrival)	
6a. Check only if applicable and check only one box:	being administered by a Decedent's Personal Representative
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	6b. Check only if applicable and check only one box:
7. ALTERNATIVE DESIGNATION (if applicable):	Agricultural Lien Non-UCC Filing
8. OPTIONAL FILER REFERENCE DATA: Seller/Buyes	Bailee/Bailor Licensee/Licensor
SBA # 70457050-06 // ML# 3784	



1609144012 Page: 2 of 3

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FOLLOW INSTRUCTIONS	_				
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name did not fit, check here	nent; if line 1b was left blank	7			
98. ORGANIZATION'S NAME MBZ HOLDINGS, LLC - 1455 S MICH	IICAN SEDIES	-			
The state of the s	MOAN SERIES	-			
9b. INDIVIDUAL'S SURNAME		4			
FIRST PERSONAL NAME	-	_			
ADDITIONAL NAME(S)/*\iTIAL(S)					
0	SUFFIX	THE ADOM	- 0040		
DEBTOR'S NAME: Provide (10a of 10, only one additional Debtor na do not omit, modify, or abbreviate any part of the Debtor's name) and enter	me or Debtor name that did not fi the mailing address in line 10c	t in line 1b or 2b of the	Financing	Statement (Form UCC1)	(use exact, full name
10a. ORGANIZATION'S NAME		··· <u>-</u>	-	<u>, , , , , , , , , , , , , , , , , , , </u>	-
R 10b. INDIVIDUAL'S SURNAME		<u> </u>			
INDIVIDUAL'S FIRST PERSONAL NAME		-			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					
	4		<u> </u>		SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
☐ ADDITIONAL SECURED PARTY'S NAME of	GNOR SECURED PART	V'S MAME, B.	<u> </u>		
11a ORGANIZATION'S NAME SOMERCOR 504, INC.	3101.02.001.2.517.11.1	O NAIME: Provide	only <u>one</u> n	ame (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	}	ADDITIO	ONAL NAME(S)/INITIAL(S	SUFFIX
: MAILING ADDRESS	CITY		STATE		
ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CHICAGO	0,	IL	POSTAL CODE 60605	USA
ncluding records of any kind relating to any of the function insurance, general intangibles and account	is proceeds)		ang o	r all of the foreg	bing
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	he 14. This FINANCING STATE	—	Mraata d		
Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estat		XIIacted C	olfateral V is filed a	s a fixture filing
ommon Address: 155 S. Michigan Avenue hicago, IL 60605	See Exhibit "A"				

1609144012 Page: 3 of 3

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EXHIBIT "A" LEGAL DESCRIPTION

PARCEL 1:

LOTS 29 AND 30 IN THE SUBDIVISION OF LAVANTIA SPRING ADMINISTRATRIX IN THE NORTHWEST FRACTIONAL 1/4 OF SECTION 22, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT FROM SAID PREMISES SO MUCH AS IS TAKEN FOR PUBLIC ALLEY), IN COOK COUNTY, ILLINOIS.

PARCEL 2:

THAT PART OF THE SOUTH 48 ACRES OF THE NORTHWEST FRACTIONAL 1/4 OF SECTION 22,TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN; BOUNDED AND DESCRIBED AS FOLLOWS: BEGINNING IN THE EAST LINE OF MICHIGAN AVENUE AT A POINT 12.233 CHAINS NORTH OF THE SOUTH LINE OF SAID FRACTIONAL 1/4 SECTION (SAID POINT BEING ON THE SOUTH LINE OF LAND FORMERLY OF GILES SPRING) RUNNING THENCE EAST, A DISTANCE OF 160.00 FEET; THENCE SOUTH, A DISTANCE OF 25.70 FEET; THENCE WEST, A DISTANCE OF 160.00 FEET TO THE EAST LINE OF MICHIGAN AVENUE AND THENCE NORTH, A DISTANCE OF 25.70 FEET TO THE POINT OF BEGINNING, BEING THE SAME AS: ALL OF LOT 4 IN BLOCK 20 OF ASSESSOR'S DIVISION OF THE NORTHWEST FRACTIONAL 1/4 OF SECTION 22, TOWNSHIP 39 NORTH RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT FROM SAID PREMISES SO MUCH AS IS TAKEN FOR PUBLIC ALLEY), IN COOK COUNTY, ILLINOIS.

PARCEL 3:

LOTS 1 AND 2 IN FOSTER AND BUSBY'S SUBDIVISION OF LOTS 11 TO 14 OF ASSESSOR'S DIVISION OF LOTS 2 AND 3 OF BLOCK 20 AND \$.94 FEET NORTH OF AND ADJOINING SAME OF ASSESSOR'S DIVISION OF PART OF THE NORTHWEST FRACTIONAL 1/4 OF SECTION 22, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THISD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN#: 17-22-108-012-0000, 17-22-108-013-0000, 17-22-108-014-000, 17-22-108-015-0000

COMMON ADDRESS: 1455 S. MICHIGAN AVENUE, CHICAGO, IL 608)5