# UNOFFICIAL COPY

CC FINANCING STATEMENT AMENDMENT		
	*1719322963*	
NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	Doc# 1710322063 Fee \$42.00	
E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	RHSP FEE:\$9.00 RPRF FEE: \$1.00	
SEND ACKNOWLEDGMENT TO: (Name and Address)	KAREN A.YARBROUGH	
1298 65496	COOK COUNTY RECORDER OF DEEDS	
Corporation Service Company 801 Adlai Stevenson Crive	DATE: 04/13/2017 03:26 PM PG: 1 OF 3	
Springfield, IL 62753 Filed In: Illinois		
(Cook)		
_ `O <sub>5</sub>	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
INITIAL FINANCING STATEMENT F., E MUMBER 225022114 09/06/2012	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer. gttach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13	
TERMINATION: Effectiveness of the Finar unr Statement identified above is terminated Statement		
ASSIGNMENT (full or partial): Provide name of A signise in item 7a or 7b, and address For partial assignment, complete items 7 and 9 and also indicate affected collateral in item		
CONTINUATION: Effectiveness of the Financing Statemer identified above with respect continued for the additional period provided by applicable law	ct to the security interest(s) of Secured Party authorizing this Continuation Statement is	
PARTY INFORMATION CHANGE:	***-199.9	
Check one of these two boxes:  AND Check one of these two boxes:		
This Change affects Debtor or Secured Party of record CHANGI name and/or item 6a or 6b; aid item	raddress: Complete 1 7a or 7b <u>and</u> item 7c  ADD name: Complete item 7a or 7b <u>and</u> item 7c  DELETE name: Give record name to be deleted in item 6a or 6b	
CURRENT RECORD INFORMATION: Complete for Party Information Change - pro vide only 6a. ORGANIZATION'S NAMEHPL-4450 WINCHESTER, LLC	v one name (6a or 6b)	
6b. INDIVIDUAL'S SURNAME FIRST PERSO	NAL NAM _ ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX	
SUL INDIVIDUALS SURVAME.	ADDITIONAL NAME(S)/INTITAL(S)	
CHANGED OR ADDED INFORMATION. A STATE OF THE		
7a. ORGANIZATION'S NAME	e only one name (7a or 7), (use a vact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)	
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	e only <u>one</u> name (7a or 7 <sup>a</sup> ), (use t <sub>a</sub> vact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)	
7a. ORGANIZATION'S NAME	e only <u>one</u> name (7a or 77, (use t, vact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME	e only one name (7a or 77, (use, vact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)  SUFFIX	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
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7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX STATE POSTAL CUDE COUNTRY	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  CITY	STATE POSTAL COUNTRY USA	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  CITY  COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	STATE POSTAL COUNTRY USA	
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Ta. ORGANIZATION'S NAME  Tb. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  CITY  COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral:	STATE POSTAL CODE COUNTRY USA  DELETE collateral RESTATE covered collateral ASSIGN collateral  Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)	
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UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	T ADDENDUM		
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 1225022114 09/06/2012  12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME FANNIE MAE			
OR 126, INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIA'. S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE I	JSE ONLY
13. Name of DEBTOR on related financing stat/ment (Name of a current Debone Debtor name (13a or 13b) (use exact, full name do not omit, modify, or abbril 13a. ORGANIZATION'S NAME			13): Provide only
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
15. This FINANCING STATEMENT AMENDMENT:	17. Description of re	Co	
	is a fixture filing Property Ad	dress: 4450-52 NORTH WINCHE HICAGO, IL 60640	STER

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# **UNOFFICIAL COPY**

05/03/2013 10:05

(FAX)

P.025/037

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### EXHIBIT "A"

### LEGAL DESCRIPTION

STREET ADD' & S: 4450-52 NORTH WINCHESTER AVENUE CITY: CHICAGO COUNTY: COOK

TAX NUMBER: 10-18-218-012-0000

#### LEGAL DESCRIPTION.

LOTS 1 AND 2 IN BLOCK 25 IN RAVENSWOOD, BEING A SUBDIVISION OF PART OF THE MORTHEAST 1/4
AND THE NORTHEAST 1/4 CV THE SOUTHEAST 1/4 OF SECTION 18 AND PART OF SECTION 17,
TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS.

(00715617:1)