## **UNOFFICIAL COPY**

NAME & PHONE OF CONTACT AT FILER (optional)  E-MAIL CONTACT AT FILER (optional)  SEND ACKNOWLEDGMENT TO: (Name and Address)  WHEN RECORDED RETURN TO:  South End Capital Corporation REPUBLIC TITLE  4515 White Oak Place  500 SOUTH MAIN STREET  BUITE 1031-TH  ARROW, CH 4431  OI 1 (O)
NAME & PHONE OF CONTACT AT FILER (optional)  E-MAIL CONTACT AT FILER (optional)  SEND ACKNOWLEDGMENT TO: (Name and Address)  WHEN RECORDED RETURN TO:  SOUTH END Capital Corpora H. REPUBLIC TITLE  4515 White Oak Place  530 SOUTH MAIN STREET  BUITE 1031114  ANCON, OH 44311  OL 1601117  ANCON, OH 44311  OL 1601117  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S NAME: Provide only de Debtor name (1s or 1b) (use exact, full name, do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name vill not fix in line 1b, leave all of num Connk, check here and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  2RD Enterprises Incorporated  1b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  Postal CODE  COUNTRY  Blue Island  DEBTOR'S NAME: Provide only gap Debtor name (2a or 2b) (use exact, numbers) on the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)  DEBTOR'S NAME: Provide only gap Debtor name (2a or 2b) (use exact, numbers) on the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)  DEBTOR'S NAME: Provide only gap Debtor name (2a or 2b) (use exact, numbers) on the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SyINITIAL(S) SUFFIX  MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  ADDITIONAL NAME(SYINITIAL(S) SUFFIX  MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  ADDITIONAL NAME(SYINITIAL(S) SUFFIX  MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY
NAME & PHONE OF CONTACT AT FILER (optional)  E-MAIL CONTACT AT FILER (optional)  E-MAIL CONTACT AT FILER (optional)  SEND ACKNOWLEDGMENT TO: (Name and Address)  WHEN RECORDED RETURN TO:  South End Capital Corporaling Republic TITLE  4515 White Oak Place  500 SOUTH MAIN STREET  BUITE 1031-TI-K  AKROW, CH 44311  OL (NOTIVE)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S NAME: Provide only gip lebtor name (1a or 1b) (use exact, full name; do not only, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  2RD Enterprises Incorporated  1b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  WHALING ADDRESS  3031 Western Ave #1  DEBTOR'S NAME: Provide only ging Debtor name (2a or 2b) (use exact, 1st name; do not only, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here and provide in information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  FIRST PLPGOLIAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY
NAME & PHONE OF CONTACT AT FILER (optional)  E-MAIL CONTACT AT FILER (optional)  SEND ACKNOWLEDGMENT TO: (Name and Address)  WHEN RECORDED RETURN TO: South End Capital Corpora REPUBLIC TITLE 4515 White Oak Place 530 SOUTH MAIN STREET BUITE 10311114  AKKON, OH 44311  OL 1
E-MAIL CONTACT AT FILER (optional)  SEND ACKNOWLEDGMENT TO: (Name and Address)  WHEN RECORDED RETURN TO:  South End Capital Corporagin REPUBLIC TITLE  4515 White Oak Place  SOUTH MAIN TREET  SUITE 103171    AKRON, OH 44311    OL 160171    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S NAME: Provide only age Debtor name (1s or 1b) (use exect, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addrendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  2RD Enterprises Incorporated  1b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  Blue Island  DEBTOR'S NAME: Provide only age Debtor name (2a or 2b) (use exact, by name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here and provide ite individual Debtor information in item 10 of the Financing Statement Addrendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  FIRST PEPSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  BLUE Island  FIRST PEPSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  ANDIVIDUAL'S SURNAME  FIRST PEPSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  CITY  STATE POSTAL CODE  COUNTRY
E-MAIL CONTACT AT FILER (optional)  KAREN A. YARBROUGH  COOK COUNTY RECORDER OF DEEDS  SEND ACKNOWLEDGMENT TO: (Name and Address)  WHEN RECORDED RETURN TO:
SEND ACKNOWLEDGMENT TO: (Name and Address)  WHEN RECORDED RETURN TO: South End Capital Corporation Republic TITLE 4515 White Oak Place Encino, CA 91316  SUITE 10311117  AURCIN, OH 44311  OLICUITY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S NAME: Provide only, de Debtor name (1s or 1b) (use exact, full name; do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME 2RD Enterprises Incorporated:  1b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  STATE POSTAL CODE COUNTRY Blue Island  CITY  STATE POSTAL CODE  COUNTRY Blue Island  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  STATE POSTAL CODE  COUNTRY  Blue Island  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  Blue Island  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  Blue Island  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  SUFFIX  STATE POSTAL CODE  COUNTRY
SEND ACKNOWLEDGMENT TO: (Name and Address)  WHEN RECORDED RETURN TO:  South End Capital Corporation Republic TITLE  4515 White Oak Place Encino, CA 91516  SUITE 1031711  AKRON, CH 44311  OL 1(0)1/1/2  DEBTOR'S NAME: Provide only are 1abitor name (1a or 1b) (use exact, full name; do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  POSTAL CODE  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY  Blue Island  DEBTOR'S NAME: Provide only and Debtor name (2a or 2b) (use exact, nill name; do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor 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)  DEBTOR'S NAME: Provide only and Debtor name (2a or 2b) (use exact, nill name; do not ornit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor 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  FIRST FEPOUIAL NAME  FIRST FEPOUIAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY
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Tax or any series of the financing statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  2RD Enterprises Incorporate()  1b. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  MAILING ADDRESS  3031 Western Ave #1  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact not 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  FIRST FERSONAL NAME  FIRST FERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  Blue Island  IL 60406  USA  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact not name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor 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  FIRST FERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY
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The individual's surname    State   Postal code   Country
MAILING ADDRESS  3031 Western Ave #1  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact in anne; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here and provide ite individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S) SUFFIX  MAILING ADDRESS  CITY STATE POSTAL CODE COUNTRY
Blue Island  Blue Island  IL 60406  USA  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact or name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here and provide 1 is 'individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  [2a. ORGANIZATION'S NAME]  [2b. INDIVIDUAL'S SURNAME]  [FIRST F2PGONAL NAME]  [ADDITIONAL NAME(SYINITIAL(S)]  [SUFFIX]  MAILING ADDRESS  [CITY]
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact null name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here and provide the '.idividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  FIRST rePoor AL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  MAILING ADDRESS  CITY STATE POSTAL CODE COUNTRY
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SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)
South End Capital Corporation
3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
MAILING ADDRESS CITY ST/ 1,7 POSTAL CODE COUNTRY
515 White Oak Place Encino CA 91316 USA
COLLATERAL: This financing statement covers the following collateral:

1813710015 Page: 2 of 2

## **UNOFFICIAL COPY**

## **UCC FINANCING STATEMENT ADDENDUM**

FOLI DW INSTRUCTIONS	•			
9. NAME OF FIRST DEBTOR: Same as tine 1a or 1b on Financing Statement; if	line 1b was left blank			
9a. ORGANIZATION'S NAME				
2RD Enterprises Incorporated				
2/10 Enterprises incorporated				
OR 9b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S), NIT AL(S)	SUFFIX			
		THE ABOVE SPACE IS		
10. DEBTOR'S NAME: Provide (10a or (Ch) only one additional Debtor name or		line 1b or 2b of the Financing Sta	atement (Form UCC1) (use	exact, full name;
do not omit, modify, or abbreviate any part of "ne 2" btor's name) and enter the n	nailing address in line 10c	<del></del>		
108. ORGANIZATION'S NAME				
OR 10b. INDIVIDUAL'S SURNAME		· · · · · · ·		
I STATE OF THE STA				
INDIVIDUAL'S FIRST PERSONAL NAME		<u> </u>		
	·			
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)	7		·	SUFFIX
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10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	OR SECURE D PARTY'S	S NAME: Provide only one nam	ne (11a or 11b)	
11a. ORGANIZATION'S NAME	'/)×			
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AODITION	AL NAME(S)/INITIAL(S)	SUFFIX
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11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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12. ADDITIONAL SPACE FOR ITEM 4 (Collateral);	<del></del>	7/	<del></del> -	
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			'C	
			C)	
13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATE	MENT:	<del></del>	
REAL ESTATE RECORDS (if applicable)	X covers timber to be c	ut X covers as-extracted col	llateral X 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):	16. Description of real estate:			
(ii books) dada not iiaa a record iiiaa ag.	Exhibit A.			<del></del>
SITUATED IN THE COUNTY OF COOK,	STATE OF ILLINOIS:			į
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TAX I.D. NUMBER: 25-31-121-001-0000	t e		•	
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BEING THE SAME PROPERTY CONV CORPORATION, GRANTEE, FROM ST	VETED TO ZKU EN TANDARD BANK AN	HERPRISES, INCORP D TRUST COMPANY	TOKATED, AN IL	DEED
17. MISCELLANEOL RECORDED 11/26/2013, AS DOCUMENT	T NO. 1333019049, O	F THE COOK COUNTY	RECORDS.	_
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