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Doc#. 2104939043 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 02/18/2021 07:55 AM Pg: 1 of 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS								
A. NAME & PHONE OF CONTACT AT FILER (optional) (800) 826-5256 UCC DIVISION								
B. E-MAIL CONTACT AT FILER (optional)								
UCC@NCSCREDIT.COM COOK, IL								
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	_							
NCS UCC SERVICES GROUP PO BOX 24101	٦							
CLEVELAND, OH 44124 USA								
(800) 826-5256	.							
	⅃ ┃							
4 DEPTODIC NAME: D. III			R FILING OFFICE USE O					
	name; do not omit, modify, or appreviate any part of the individual Debtor information in item 10 of the F							
19. ORGANIZATION'S NAME ROLLING MEADOWS CITGO, INC.								
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX				
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY				
3600 BERDNICK STREET	ROLLING MEADOWS	IL	60008	USA				
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use example, and provide most officency information in item 10 of the Financing Statement Addendum (Form UCC1Ad)								
name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME	- Myudai Peptoi illoililation illitetti 10 of tie 1	manong o	stement Addendant (Form CO					
Ed. Otto III E TI OTT OTT WILL	' ()							
OR 2b. INDIVIDUAL'S SURNAME	FIRST PEP 301 AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX				
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY				
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide only one Se ureo Party nam	ne (3a or 3b)					
38. ORGANIZATION'S NAME WORLD FUEL SERVICES, INC.	C /2							
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	JADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX				
SU. INDIVIDUAL S SURVAMIE	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)INTIAL(S)	SUFFIX				
	CITY	STATE	POSTAL CODE	COUNTRY				
9800 NW 41ST STREET	MIAMI	FL	33178	USA				
4. COLLATERAL: This financing statement covers the following collateral: In order to secure payment of all of Buy	er's present and future	inde	otedness,					
liabilities, and obligations owed by Buy				nts to				
Seller a first priority security intere hereafter acquired: (1) All of the Buyer				c+ o				
and goods purchased from Seller, regardl				CLB				
receivable owed to Buyer regardless of w								
limitation, all amounts owed to Buyer fr								
refineries, petroleum suppliers, or othe								
dispensers, crinds, equipment, fixtures, Premises; (4) All of Buyer's equipment a				tne				
remises, (4) Arr or buyer a equipment a	ind lixedles pulchased i	LOIII DE	errer or 105					
Please see attached Addendum & Form(s) f	or Additional Collatera	L						
				B				
5. Check only if applicable and check only one box: Collateral is held in a Trust (Ba. Check only if applicable and check only one box:	·	•	red by a Decedent's Personal f applicable and check only o	·				
Public-Finance Transaction Manufactured-Home Transaction	6b. Check <u>only</u> if applicable and check <u>only</u> on d-Home Transaction							
	Consignee/Consignor Seller/Buyer	_		ee/Licensor				
8. OPTIONAL FILER REFERENCE DATA:	Gelicii Duyet	В		~~rE1~011001				

UCC# U274249 REF# 138757 - 9931

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank				
9a, ORGANIZATION'S NAME					
ROLLING MEADOWS CITGO, INC.					
,					
OR 9b. INDIVIDUAL'S SURNAME					
OU. INDIVIDUAL O SCINIANIE					
FIRST PERSONAL NAME		1			
ADDITIONAL NAME(S)/INT, (A) (S)	SUFFIX				
		THE ADOVE	CDACE IC FOR	FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10) or ly one additional Debtor name or	Debter name that did not			FILING OFFICE	
do not omit, modify, or abbreviate any part of the Dobor's name) and enter the m		iit iii iine 15 dr 25 di the F	inancing statemen	it (Form OCC1) (use	exact, iuii name;
10a. ORGANIZATION'S NAME					
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
4	τ_{\wedge}				
10c. MAILING ADDRESS	CITY		STATE POSTA	AL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECURE) FAR	TY'S NAME: Provide of	only <u>one</u> name (11a	a or 11b)	
11a. ORGANIZATION'S NAME		×	<u>, — </u>	· · · · · · · · · · · · · · · · · · ·	
O.D.	*				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM		ADDITIONAL NA	ME(\$)/INITIAL(\$)	SUFFIX
11c. MAILING ADDRESS	CITY	O,	STATE POSTA	AL CODE	COUNTRY
12 ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): designates suppliers; and (5) All procedures	eds and prod	ucts of the	foregoing	g.	
				Co	
				C	
	T				
13. ✓ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING ST				
15. Name and address of a RECORD OWNER of real estate described in item 16	covers timber to 16. Description of real e		extracted collatera	l 📝 is filed as a	fixture filing
(If Debtor does not have a record interest):	,				
AZ SPE LLC	PIN - 02-23-401-002-0000				
12345 S Keeler Ave, Alsip, IL 60803	Legal Description - Please see attached				
17. MISCELLANEOUS:					

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DOOR THE

That part of the North 1/4 of the Northeast 1/4 of the Southeast 1/4 of Section 23, Township 42 North, Range 10, East of the Third Principal Meridian, lying South of the Chicago and Northwestern Railroad (except the West 600 feet thereof and that partiving East of a line 333 feet West of (as measured along ailro. the Southerly line of said Chicago and Northwes ern Railroad) and parallel with the East line of Section 23) in Cook County, Illinois.