

UCC FINANCING STATEMENT  
FOLLOW INSTRUCTIONS

CC# 220156715  
3/3 LKRT



Doc# 2208919042 Fee \$88.00

RHSP FEE: \$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 03/30/2022 02:28 PM PG: 1 OF 2

A. NAME & PHONE OF CONTACT AT FILER (optional) Aaron B. Zarkowsky (312-701-9334)
B. E-MAIL CONTACT AT FILER (optional) azarkowsky@honigman.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <input type="checkbox"/> Honigman LLP 155 N. Wacker Dr., Ste. 3100 Chicago, IL 60606 <input type="checkbox"/> Attn: Aaron B. Zarkowsky

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME 2550 Wabash LLC			
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS 2533 WEST FULLERTON AVENUE		CITY CHICAGO	STATE   POSTAL CODE   COUNTRY IL   60647   USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's 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			
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
2c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME GREENSTATE CREDIT UNION			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS 1111 W. 22ND STREET, SUITE 800		CITY OAK BROOK	STATE   POSTAL CODE   COUNTRY IL   60523   USA

4. COLLATERAL: This financing statement covers the following collateral:  
ALL ASSETS OF THE DEBTOR, AND ALL PROCEEDS THEREOF, IN EACH CASE, WHETHER NOW OWNED OR HEREAFTER ACQUIRED.

EXCEPT AS OTHERWISE SET FORTH IN A WRITTEN AGREEMENT SIGNED BY BOTH THE SECURED PARTY AND ANY JUNIOR LIENHOLDER OR SUBORDINATE SECURED PARTY, RETENTION OF CASH PROCEEDS BY AN JUNIOR LIENHOLDER OR SUBORDINATE SECURED PARTY VIOLATES THE RIGHTS OF THE SECURED PARTY IDENTIFIED HEREIN.

NOTICE - PURSUANT TO AGREEMENTS BETWEEN THE DEBTOR AND THE SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL IDENTIFIED HEREIN, AND FURTHER ENCUMBERING SUCH COLLATERAL IN VIOLATION OF SUCH AGREEMENTS WILL INTERFERE WITH SECURED PARTY'S RIGHTS, EXCEPT FOR PURCHASE MONEY SECURITY INTERESTS OR OTHER INTERESTS WHICH ARE EXPRESSLY CONTEMPLATED BY SUCH AGREEMENTS.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Licensee/Licenser	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailor/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA:	

# UNOFFICIAL COPY

## 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  
2550 Wabash LLC

OR  
9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only 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

OR  
10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR  
11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut  covers as-extracted collateral  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):

**DEBTOR IS THE RECORD OWNER**

16. Description of real estate:

Commonly known as: 2550 S. Wabash Ave, Chicago, IL  
PIN: 17-27-122-021-0000  
LOTS 6, 7, 8 AND 9 IN ASSESSOR'S DIVISION OF BLOCK 73  
OF THE CANAL TRUSTEES' SUBDIVISION OF THE WEST 1/2  
OF SECTION 27, TOWNSHIP 39 NORTH, RANGE 14, EAST OF  
THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,  
ILLINOIS

17. MISCELLANEOUS: