## NOFFICIAL COPY

## **UCC FINANCING STATEMENT**

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)

**FOLLOW INSTRUCTIONS** 

Doc#. 2414418152 Fee: \$107.00 CEDRIC GILES COOK COUNTY CLERK'S OFFICE Date 5/23/2024 12:52 PM Pg: 1 of 2

CSC 1-800-858-5294				
B. E-MAIL CONTACT AT SUBMITTER (optional)				
SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address	i)			
2838 49743	$\neg$			
l csc	Į			
801 Adlai Stevenson Drive				
Springfield, IL 62703	Filed In: Illinois			
	(Cook)			
SEE BELOW FOR SECURED PARTY CONT.	ACT INFORMATION	THE ABOVE SPACE	IS FOR FILING OFFICE USE	E ONLY
1. DEBTOR'S NAME: Provide only Cotor name (1a or 1b	) (use exact, full name; do not omit, mox	dify, or abbreviate any part of the Debto	or's name); if any part of the Individ	ual Debtor's name will
not fit in line 1b, leave all of item 1 blank, c'.eck bere		nformation in item 10 of the Financing St.		
1a. ORGANIZATION'S NAME GLOBAL CLOCES	S, INC.			
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME AD	ODITIONAL NAME(S)/INITIAL(S)	SUFFIX
	)x			
1c. MAILING ADDRESS 4535 W ADDISON	CITY	ST	ATE POSTAL CODE	COUNTRY
	CHICAGO	11	L  60641	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b	a) (use exact full dame; do not omit mor	tify or abbreviate any part of the Debto	x's name): if any nart of the Individu	ıal Dehtor's name will
not fit in line 2b, leave all of item 2 blank, check here		nformation in item 10 of the Financing St		
2a. ORGANIZATION'S NAME				
	' (			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PER JON A	L NAME IAC	DDITIONAL NAME(S)/INITIAL(S)	SUFFIX
ES. HISTOS ALS GOLDANIE	Tiltot i Elitori	7.00		J. T. T.
2c. MAILING ADDRESS	CITY	97	TATE POSTAL CODE	COUNTRY
20. MAILING ADDITION	Ont		AIL FOOTAL GODE	COOMIN
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A			3b)	
3a. ORGANIZATION'S NAME CORPORATION SE	ERVICE COMPANY, AS	REPRESENTATIVE		
OR		(0.		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME AD	ODITIONAL NAME(S)/INITIAL(S)	SUFFIX
			<u></u>	
3c. MAILING ADDRESS PO Box 2576	CITY		TE POSTAL CODE	COUNTRY
UCCSPREP@CSCINFO.COM	Springfield	11	0.2708	USA
4. COLLATERAL: This financing statement covers the following of All of Debtor's present and future account	ollateral:			
intangibles, instruments, equipment (inclu				
of the Uniform Commercial Code, whether				
proceeds of any such property. Secured Party holds a first priority continuing security interest in the foregoing collateral.				

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative 6a. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box: Agricultural Lien Public-Finance Transaction Manufactured-Home Transaction Non-UCC Filing A Debtor is a Transmitting Utility 7. ALTERNATIVE DESIGNATION (if applicable): Seller/Buyer Bailee/Bailor Lessee/Lessor Consignee/Consignor Licensee/Licensor

NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN. THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTIOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCER IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S,

ACCOUNTS, CHATTEL PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY

8. OPTIONAL FILER REFERENCE DATA:

2838 49743

ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.

## **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 GLOBAL CHOICES, INC. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INIT/AL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 100 ni one 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 Dritor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME OR 10ь. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): Office 13. This FINANCING STATEMENT is to be filled [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): Name: VNK GLOBAL, LLC LOTS 1, 2, 3 AND THE EAST 5 FEET OF LOT 4 IN BLOCK 2 IN GUNN'S SUBDIVISION OF THE NORTH 30 ACRES OF THE Address:4539 W. ADDIDON STREET WEST 1/2 OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF City: CHICAGO SECTION 22, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE State: ILLINOIS THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. Zip: 60641 County: COOK COUNTY PIN: 13-22-304-050-000 17. MISCELLANEOUS: