

01-10-2003

Form PTO-1594
(Rev. 10/02)
OMB No. 0651-0027 (exp. 6/30/2005)
Tab settings



U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

102334196

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

National City Bank of Michigan/Illinois
301 S.W. Adams
Peoria, IL 61652

- Individual(s)
- Association
- General Partnership
- Limited Partnership
- Corporation-State
- Other National Bank

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)

Name: Torrey Park, LLC

Internal

Address:

Street Address: 117 N. Western Avenue

City: Peoria State: IL Zip: 61604

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State
- Other Limited Liability Company

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)
Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other Release of Security Agreement

Execution Date: December 27, 2002

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s) 1,257,991
1,018,527
1,669,830
1,669,831

Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Timothy J. Howard

Internal Address: Howard & Howard Attorneys

One Technology Plaza

Street Address:

211 Fulton Street

City: Peoria State: IL Zip: 61602

6. Total number of applications and registrations involved: 4

7. Total fee (37 CFR 3.41).....\$

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

Not applicable

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Steven C. Applegate, V.P.

Name of Person Signing

[Signature] - Vice President

Signature

12/27/02

Date

Total number of pages including cover sheet, attachments, and document: 1

Refund Ref: 01/09/2003 LNUELLER 0000123525

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

CHECK Refund Total: \$45.00

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01/09/2003 LNUELLER 0000130 12/27/02
01 FT: 0521
02 FT: 0522

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] LARRY LONG 616-376-5238
B. SEND ACKNOWLEDGEMENT TO: (Name and Address) NATIONAL CITY BANK OF MI/IL FKA FIRST OF AMERICA BANK, N.A. P.O. BOX 1040 OSHTMO, MI 49077

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 4688945 FS 1/30/02 ILLINOIS	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>
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2. TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT: FULL or PARTIAL. Give name of assignee in item 7a or 7b and address in assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
 CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable)

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME TORREY PARK, LLC	FIRST NAME	MIDDLE NAME	SUFFIX
OR 6b. INDIVIDUAL'S LAST NAME			

7. CHANGED (NEW) OR ADDED INFORMATION

7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OR 7b. INDIVIDUAL'S LAST NAME			

7c. MAILING ADDRESS 117 N. WESTERN AVE.	CITY PEORIA	STATE IL	POSTAL CODE 61606	COUNTRY USA
7d. TAX ID #: SSN OR EIN 37-1416255	7e. TYPE OF ORGANIZATION OPTIONAL ADD'L INFO RE ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral released or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of Debtor authorizing this Amendment.

9a. ORGANIZATION'S NAME NATIONAL CITY BANK OF MICHIGAN/ILLINOIS	FIRST NAME	MIDDLE NAME	SUFFIX
OR 9b. INDIVIDUAL'S LAST NAME			

10. OPTIONAL FILER REFERENCE DATA **PO74UC**