

**INFORMATION REQUEST**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

A) NAME & PHONE OF CONTACT (optional) FILING OFFICE ACCT #  
Amy 365-4082 or Karen 365-4864 2005 000091

2005 FEB - 3 PM 3: 21

B) RETURN TO: (Name and Address)  
  
The Paper Chase of  
Northwest Indiana, Inc.  
9505 Genevieve Drive  
St. John, IN 46373

MICHAEL J. BROWN  
REG. CLERK

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1) DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a) ORGANIZATION'S NAME <u>Centerpoint Properties Trust</u>				
OR	1b) INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2) INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a) SEARCH RESPONSE  CERTIFIED (Optional)  
 Select one of the following two options:  ALL (Check this box to request a response that is complete, including filings that have lapsed)  UNLAPSED

2b) COPY REQUEST  CERTIFIED (Optional)  
 Select one of the following two options:  ALL  UNLAPSED

2c) SPECIFIED COPIES ONLY  CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)
		<u>Nothing</u>

3) ADDITIONAL SERVICES:

Thru date: 2/2/05

4) DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a)  Pick Up  
 4b)  Other

Specify desired method here (if available from this office); provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)