



FILED
2005 APR 25 8:31 AM
MICHIGAN

2005 000358

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|---|----------------------|
| A. NAME & PHONE OF CONTACT [optional] Chris Fox, 662-6107 | FILING OFFICE ACCT # |
| B. RETURN TO: (Name and Address) <div style="border: 1px solid black; padding: 5px;"> <p>Chris Fox Chicago Title Insurance Company 2200 North Main Street Crown Point, Indiana 46307</p> </div> | |

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 Alpha Building Corporation | 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) |
|---------------|---------------------------------|---|
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3. ADDITIONAL SERVICES:

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.)