SEND ACKNOWLEDGMENT TO: (Name and Address)  MCHAEL A. BROWN RECORDER  NATIONAL CITY BANK 6750 Miller Road Brecksville, OH 44141  ADD ALL ALL ALL ALL ALL ALL ALL ALL ALL						V
NAME OF CONTACT AT FILER (optional)  2007 UND 0 45  MICHAEL A, BROWN RECORDER  MICHAEL A, BROWN RECORDER  NATIONAL CITY BANK 6750 Miller Road Brecksville, OH 44141  ADAL ALL A, BROWN RECORDER  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTIAL FINANCING STATEMENT FILE #  TOO1706  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Secured Party authorizing this Continuation Statement Secured Party of record. Check only gag of the Secured Party authorizing this Continuation Statement is continued for the additional princip revolutes agag provide appropriate information in them 72 or 75 and address of easignee in item 72 or 75 and address of easignee in item 72 or 75 and address of easignee in item 72 or 75 and address of easignee in item 72 or 75 and address of easignee in item 72 or 75 and address of easignee in item 72 or 75 and address of easignee in item 72 or 75 and address of easignee in item 72 or 75 and address of easignee in item 72 or 75 and address of easignee in item 72 or 75 and address of easignee in item 72 or 75 and address of easigne		NT			AKE COUNTY	
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE #  To to feel (for recorded of or recorded or recorded of the secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7 are 7 b and address of assignee in item 7c; and also give name of assignor in item 9.  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.  AND CHANGE name and/or address. Give current record name in item 6a or 6b; also give name of assignor in item 9.  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.  AND CHANGE and and address. Give current record name in item 6a or 6b; also give name of assignor in items 9.  AMENDMENT (PARTY INFORMATION: And and the full of the secured party of record. Check only one of these two boxes.  AND Dame: Complete items 7a or 7b, and all or 6b; and or 6b.  ADD name: Complete items 7a or 7b, and all or 6b; and or 6b.  ADD name: Complete items 7a or 7b, and all or 6b; and or 6b.  ADD name: Complete items 7a or 7b, and all or 6b; and or 6b.  ADD name: Complete items 7a or 7b, and all or 6b; and or 6b.  ADD Name: Complete items 7a or 7b; and all or 6b; and or 6b.  ADD Name: Comple	Srad Armstrong 440-546-7427  SEND ACKNOWLEDGMENT TO: (Name and Address)	7		MIC		WN
INITIAL FINANCING STATEMENT FILE #  7001706  Ib. This FINANCING STATEMENT AMENDMENT	6750 Miller Road Brecksville, OH					
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ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects	TERMINATION: Effectiveness of the Financing Statement identified above is te	rminated with respect to	security interest(s) of the S	ecured Party a	authorizing this Termination	Statement.
name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. be deleted in item 6a or 6b. 7c; also complete items 7d-7g (if applicable CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME  FIRST AMERICAN RUSSIAN ORTHODOX GREEK CATHOLIC CHURCH OF THE HOLY GHOST INC. 6b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  FIRST NAME  MIDDLE NAME  SUFFIX  MIDDLE NAME  SUFFIX  SCHEREVILLE  IN 46375  USA  ADDL INFO RE ORGANIZATION OF ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or	Secured Party of reco				
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CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  MAILING ADDRESS  545 W. 77 <sup>TH</sup> ST  TAX ID #: SSN OR EIN  ORGANIZATION  DEBTOR  7e. TYPE OF ORGANIZATION  ORGANIZATION  To JURISDICTION OF ORGANIZATION  ORGANIZATION  To JURISDICTION OF O	FIRST AMERICAN RUSSIAN ORTHODOX GREEK		HURCH OF TH			SUFFIX
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AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	545 W. 77 <sup>TH</sup> ST	CHERERVILL		IN	46375	
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	ORGANIZATION	f, JURISDICTION OF O	RGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	
	3. AMENDMENT (COLLATERAL CHANGE): check only one box.					
	See attached Exhibit "A"	escription, or describe co	liateral 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 1900 EAST NINTH STREET, CLEVELAND, OHIO 44114 SUCCESSOR BY MERGER TO NATIONAL CITY BANK OF INDIANA

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

10. OPTIONAL FILER REFERENCE DATA LAKE COUNTY, INDIANA

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)



## Legal Description

LOT 1, DESCENT OF THE HOLY SPIRIT ORTHODOX CHURCH ADDITION TO THE TOWN OF SCHERERVILLE, AS SHOWN IN PLAT BOOK 81, PAGE 58, IN LAKE COUNTY, INDIANA.

2007 000045