

Uniform Commercial Code — Statement of Continuation, Release, Amendment, Etc. — Form UCC-2

1. Type form. 2. If space is inadequate continue on additional sheet. 3. Enclose filing fee.
4. Filings in the Secretary of State's Office **must** contain *either* the debtor's federal employer identification number or social security number.

Prepaid account number: _____

1. Debtor (if individual, last name first) and address:

Lawrence Shops Associates, a Kansas general
partnership
c/o C.D. Beerman & Company
104 Vietnam Veterans Memorial Drive
Kansas City, MO 64111
FEIN _____ or SSN _____

Debtor (if individual, last name first) and address:

FEIN _____ or SSN _____

2. Secured Party and address (there may be more than one):
(Type information inside gray area)

John Alden Life Insurance Company
7300 Corporate Center Drive
Miami, FL 33126

For filing officer

9014014

FILED
DOUGLAS COUNTY
1997 JUN -9 PM 1:16
SUE NEUSTIF
REGISTER OF DEEDS

3. Assignee and address if applicable

Sunamerica Life Insurance Company
1 Sunamerica Center, 38th Floor
Los Angeles, CA 90067-6022

4. This statement refers to Original Financing Statement Number: 9012025 Original filing date 2/16/96 Filed with Douglas

County, Kansas

☐ **A. Continuation** The original Financing Statement bearing the above filing number is still effective.

☐ **B. Termination** The Secured Party of record no longer claims a security interest under the Financing Statement bearing the above file number.

☐ **C. Release** From the Collateral described in the Financing Statement bearing the above file number, the Secured Party of record releases the collateral below.

☒ **D. Assignment** The Secured Party of record has assigned the Secured Party's rights in the property described below under the Financing Statement bearing the above file number to the Assignee whose name and address are shown above.

☐ **E. Amendment** The Financing Statement bearing the above file number is amended as set forth below.

6. This area is for describing changes.

6.00
cf

Number of Additional Sheets, if any. _____

#1434

JOHN ALDEN LIFE INSURANCE COMPANY

Signature of Debtor (s)

(Necessary if any amendment changes the classification or the value of collateral)

Signature (s) of Secured Party (ies)

DAVID B. MCCAIN

VICE PRESIDENT

Form UCC-2 Form approved by Kansas Secretary of State

FORM K451
B & C INC.
2820 ROE LANE
KANSAS CITY, KS 66103

FILING OFFICE