UCC FINANCING STATEMENT AMEND	MENT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	, iii Litti		
A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	OZS		
Corporation Service Company			
1133 Avenue of the Americas Suite 3100			
New York NY 10036			
Gannon & Scott. 1 728945-101	in c.		
L	THE ABOV	E SPACE IS FOR FILING OFFICE USI	
1a INITIAL F:NANCING STATEMENT FILE# 014558 Date:10/18/2002 B: P:		1b. This FINANCING STATEMEN to be filed [for record] (or reco	
2. TERMINATION: Effectiveness of the Financing Statement identi	fied above is terminated with respect to security interest(s)	REAL ESTATE RECORDS. of the Secured Party authorizing this Termina	tion Statement.
3. CONTINUATION: Effectiveness of the Financing Statement id	entified above with respect to security interest(s) of the S	Secured Party authorizing this Continuation S	tatement is
continued for the additional period provided by applicable law.			
 ASSIGNMENT (full or partial): Give name of assignee in item 7s AMENDMENT (PARTY INFORMATION): This Amendment affer 			
Also check one of the following three boxes and provide appropriate info		comy <u>one</u> or blose two boxes.	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7 also complete items 7e-7g (if applie	b, and also item 7c; cable).
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
OR 65. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME] [7b. ORGANIZATION'S NAME]			
The Bank of Nova Scotia			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS One Liberty Plaza	CITY New York	STATE POSTAL CODE NY 10006	COUNTRY
7d SEE INSTRUCTIONS ADD'L INFO RE 7e TYPE OF ORGANI		7g. ORGANIZATIONAL ID #, if any	
ORGANIZATION '			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire resta	ated collateral description, or describe collateral ass	signed.	
Debtor: Gannon & Scott, Inc.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	• • • •		d by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Terminatio	n authorized by a Debtor, check here and enter name	of DEBTOR authorizing this Amendment.	
9a ORGANIZATION'S NAME Bank of America, N.A.			
OR 95. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			
RI-Secretary Of State			