A. NAME & PHONE OF B. SEND ACKNOWLED Corporati	NS (front and back) CAREFULLY CONTACT AT FILER [optional] GMENT TO: (Name and Address)	 ,		
Corporati	GMENT TO: (Name and Address)			
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Suite 31	on Service Company ue of the Americas 00			
New York, Pease	NY 10036	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
<u></u>	728945-301	THE ABOVE	SPACE IS FOR FILING OFFIC	CE LISE ON! V
. INITIAL FINANCING STA	TEMENT FILE # ./09/2003 B: P:	THE ABOVE	1b. This FINANCING STA' to be filed [for record]	TEMENT AMENDMEN
	ffectiveness of the Financing Statement identified above		REAL ESTATE RECO	RDS.
	Effectiveness of the Financing Statement identified a			
continued for the add	itional period provided by applicable law.	bote with respect to seeding interesting of the Seed	ured Farty authorizing this Conditu	ation Statement is
ASSIGNMENT (ful	or partial): Give name of assignee in item 7a or 7b an	d address of assignee in item 7c; and also give nam	e of assignor in item 9.	
AMENDMENT (PART	Y INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check on	ly <u>one</u> of these two boxes.	
	owing three boxes <u>and</u> provide appropriate information in			
CHANGE name and/or in regards to changing	address: Please refer to the detailed instructions the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete iten also complete items 7e-7g	n 7a or 7b, and also item (if applicable).
CURRENT RECORD II				
6a. ORGANIZATION'S	NAME			
Ch INDIVIDUALIO LAC				
66 INDIVIDUAL'S LAS	TNAME	FIRSTNAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR	ADDED INFORMATION:		· · · · · · · · · · · · · · · · · · ·	'
7a. ORGANIZATION'S	NAME		··	
The Bank of				
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
		CITY	STATE POSTAL CODE	COUNT
MAILING ADDRESS			NY 10006	USA
ne Liberty Pl	aza	New York	141 110000	
ne Liberty Pl	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	New York 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #	P****
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