|  |   | •   |   |   |           |            |  |
|--|---|---|---|---|-----------|------------|--|
| CC FINANCING STATEMENT AMENDMI   | ENT                                       |   |   |   |           |            |  |
| LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]   |   | · ·   |   |   |           |            |  |
| Phone (800) 331-3282 Fax (818) 662-4141  |   |   |   |   |           |            |  |
| SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 16433 BANI   | K OF AMERIC                               |   |   |   |           |            |  |
|  |   |   |   |   |           |            |  |
| UCC Direct Services 103024   |   |   |   |   |           |            |  |
| P.O. Box 29071  Clandala CA 04200 0074  RIRI   |   |   |   |   |           |            |  |
| Glendale, CA 91209-9071  |   | •   |   |   |           |            |  |
| <u> </u>   |   |   |   |   |           |            |  |
| INITIAL FINANCING STATEMENT FILE #   |   | THE ABOV  |   | FINANCING STATEMENT A                                       |           | MENT is    |  |
| 009555 06-MAY-2002 SS RI   |   | to b  | e filed [for record] (or recorde<br>L ESTATE RECORDS. | d) in the   | =         |            |  |
| TERMINATION: Effectiveness of the Financing Statement identified about   |   |   |   |   |           |            |  |
| [X] CONTINUATION: Effectiveness of the Financing Statement identified abordinued for the additional period provided by applicable law.   | ove with respect to th                    | ne security interest(s) of the Secure                         | ed Party aut  | norizing this Continuation Sta                              | tement is | 5          |  |
| ASSIGNMENT (full or partial): Give name of assignee in item 7a or  | 7b and address of                         | assignee in 7c; and also give                                 | name of a   | ssignor in item 9.  |           |            |  |
|  |   | ured Party of record. Check only o                            | ne of these   | two baxes.  |           |            |  |
| Also check one of the following three boxes and provide appropriate inf<br>CHANGE name and/or address: Give current record name in item 6a or 6b; also<br>name (if name change) in item 7a or 7b and/or new address (if address change)  | Iso give new                              | DELETE name: Give record name to be deleted in item 6a or 6b. |   | ADD name: Complete item 7a<br>tem 7c; also complete items 7 |           |            |  |
| CURRENT RECORD INFORMATION:  | gay in items i c.                         | to be deleted in neith dar on ou.                             |   | em re, also complete tems i                                 | u-19 (iii | аррисавісу |  |
| 6a, ORGANIZATION'S NAME  |   |   |   |   |           |            |  |
| 6b. INDIVIDUAL'S LAST NAME   | FIRST NAME                                | FIRST NAME  |   | MIDDLE NAME   |           | EIX        |  |
| Pond   | Soneath                                   | Soneath   |   | L.  |           |            |  |
| CHANGED (NEW) OR ADDED INFORMATION:  |   |   |   |   | ·         |            |  |
| .7a. ORGANIZATION'S NAME   |   |   |   |   |           |            |  |
| 7b. INDIVIDUAL'S LAST NAME   | FIRST NAME                                |   |   | MIDDLE NAME   |           | SUFFIX     |  |
|  | 0,170.4                                   |   |   |   |           |            |  |
|  | CITY                                      |   | STATE   | POSTAL CODE   |           |            |  |
| MAILING ADDRESS  |   |   |   |   | COU       | MAINT      |  |
| SEE INSTRUCTION   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   | 7f. JURISDICTIO                           | ON OF ORGANIZATION  | 7g. ORGA  | NIZATIONAL ID #, if any                                     | COU       |            |  |
| SEE INSTRUCTION   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION  | 7f. JURISDICTIC                           | ON OF ORGANIZATION  | 7g. ORGA  | NIZATIONAL ID#, if any                                      | COU       | ٦          |  |
| ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.  |   | ON OF ORGANIZATION  or describe collateral assigne            |   | NIZATIONAL ID #, if any                                     | COU       | NONE       |  |
| SEE INSTRUCTION   ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR   7e. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR   7e. TYPE OF ORGANIZATION ORGANIZAT |   |   |   | NIZATIONAL ID #, if any                                     | COUI      |            |  |
| SEE INSTRUCTION   ADD'L INFO RE ORGANIZATION OF ORGANIZATION DEBTOR   7e. TYPE OF ORGANIZATION DEBTOR   7e. TYPE OF ORGANIZATION OF ORGANIZATION DEBTOR   7e. TYPE OF ORGANIZATION OF ORGANIZA |   |   |   | NIZATIONAL ID #, if any                                     | COUL      |            |  |
| SEE INSTRUCTION   ADD'L INFO RE ORGANIZATION OF ORGANIZATION DEBTOR   7e. TYPE OF ORGANIZATION |   |   |   | NIZATIONAL ID #, if any                                     | COUI      |            |  |
| ADD'L INFO RE ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral added.  | ateral description, o                     | or describe collateral assigne                                | d.  |   |           | NONE       |  |
| ADD'L INFO RE ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral added, or give entire restated collateral added add | ateral description, of a Debtor, check it | or describe collateral assigne                                | od.   | Amendment authorized by a E                                 |           | NONE       |  |
| ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral added.   | ateral description, of a Debtor, check it | or describe collateral assigne                                | od.   | Amendment authorized by a E                                 |           | NONE       |  |
| ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral added adds collateral or adds the authorizing Debtor, or if this is a Termination authorized according to the collateral or adds the authorizing Debtor, or if this is a Termination authorized according to the collateral or adds the authorizing Debtor, or if this is a Termination authorized according to the collateral or adds the authorizing Debtor, or if this is a Termination authorized according to the collateral or adds the authorizing Debtor, or if this is a Termination authorized according to the collateral or adds the authorizing Debtor, or if this is a Termination authorized according to the collateral or adds the authorizing Debtor.  | ateral description, of a Debtor, check it | or describe collateral assigne                                | od.   | Amendment authorized by a E<br>ing this Amendment.          |           | NONE       |  |