U	CC FINANC	ING STATE	MENT AMENDME	NT						
FO		IONS (front and	back) CAREFULLY							
				8) 662-4141						
В.	SEND ACKNOWLEDGE	MENT TO: (Name and	1 Mailing Address) 18393 BANK	OF AMERIC						
	l UCC Direct	Services	102998	67						
		P.O. Box 29071 Glendale, CA 91209-9071 FIXTUF		:						
	Gieridale, C			RE ,						
L					THE ABO	VE SPACE IS	FOR FILING OFFICE USE	ONLY		
	INITIAL FINANCING 006996 21-FEI				*** NE	▼ to b	FINANCING STATEMENT A e filed [for record] (or recorde L ESTATE RECORDS.			
Ź.	TERMINATION:		e Financing Statement identified above			the Secured	Party authorizing this Termin			
3.	CONTINUATION continued for the ad	: Effectiveness of the iditional period provide	e Financing Statement identified above d by applicable law.	e with respect to the se	curity interest(s) of the Secur	ed Party auti	norizing this Continuation Sta	tement is	5	
4.			name of assignee in item 7a or 7b							
	5. 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. CHANGE name and/or address. Give current record name in item 6a or 6b; also give new DELETE name: Give record name name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. also complete items 7d-7g (if applicable) tiem 7c: also complete items 7d-7g (if applicable)									
6. C	URRENT RECORD	INFORMATION:	don new address (ii address change)	in item /c to	be deleted in item 6a or 6b.		em 7c; also complete items ?	/d-/g (if a	applicable)	
	6a. ORGANIZATION'S I Belltower Plaza									
OR	R 6b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFF	SUFFIX	
7. C	HANGED (NEW) OR	ADDED INFORMA	ATION:							
7a. ORGANIZATION'S NAME										
ÓR	7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX		
7c. N	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUN	NTRY	
7d. §	d. SEE INSTRUCTION ADD'L INFO RE 7e. TYPE OF ORGANIZATION		7e. TYPE OF ORGANIZATION	7f. JURISDICTION O	N OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any		NIZATIONAL ID #, if any			
_	****	ORGANIZATION DEBTOR							NONE	
			check only one_box. d, or give entire restated collate	ral description, or de	scribe collateral assigne	ed.				
w de si re	ithout limitation, escription now or tuated or to be s ference (the "Pro	all goods, acco r hereafter own- ituated upon or emises"), togetl	re particularly set forth on unts, equipment, machine ed by the Debtor or in whi used in connectin with th her with any renewals, re eafter located at, or used	ery, tools and o ich the Debtor h ie real estate de placements or a	ther personal prope has an interest (but escribed on Exhibit additions thereto or	rty and f only to the B attaches substitut	ixtures of every kind ne extent of such in ed hereto and incor ions thereof, all pro	d and terest	ed by	
				<u> </u>			·			
9. Na a 	adds collateral or adds th 9a. ORGANIZATION'S f	e authorizing Debtor, o	D AUTHORIZING THIS AMENDA or if this is a Termination authorized by	MENT (name of assign a Debtor, check here	or, if this is an Assignment). and enter name of DEBT	If this is an A OR authorizi	mendment authorized by a C ng this Amendment.	ebtor wh	nich	
OR	Bank of America 9b. INDIVIDUAL'S LAST	NAME		FIRST NAME		IMIDDLE	NAC.	Louise		
				I INO I NAIVIE		MIDDLE NA	AME	SUFFI	IX.	
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UC FO	CC FINANCING STATEME LLOW INSTRUCTIONS (front an	ENT AMENDMEN	IT ADDENDUM					
_	INITIAL FINANCING STATEMENT F		ndment form)					
00	6996 21-FEB-2002 SS RI							
12.	NAME of PARTY AUTHORIZING THIS AM	ENDMENT (same as item 9 on Ame	endment form)					
	12a. ORGANIZATION'S NAME Bank of America							
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX					
13.	Use this space for additional inform	nation						

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: Will fax exhibits A & B