THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY T16900 Filed: 8/21/00 TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified of the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in Item 7 a or 7b and address of assignee in Item 7c; and also give name of assignor in Item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects	NO. O017308 REPORT OF CHAPTER CORP. LEVEN AND ADELETED STATEMENT PLACENCE CORP. LEVEN AND ADELETED STATEMENT AND ADELETED AND ADELETED AND ADELETED AND ADELETED AND ADELETED AND ADELETED ADELETED AND ADELETED AND ADELETED ADDRESS (If address charge) in item 7.0. DELETED ADDRESS (If ADDRESS (If ADDRESS (If ADDRESS (If ADDRESS (If ADDRESS (If ADDRE			NTAMENDN	IENT			مدعور <u>د</u>	
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NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debt	(COLLATERAL CHANGE): check only one box. al deleted or added, or give entire restated collateral description, or describe collateral assigned. D 0 255 CURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor whi	LOG On Ar 6b. INDIVIDUAL'S LAST CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST MAILING ADDRESS TAX ID #: SSN OR EIN AMENDMENT (COLL) Describe collateral de	MERICA, Inc. NAME ADDED INFORMATION NAME ADD'L INFO RE ORGANIZATION DEBTOR ATERAL CHANGE eleted or added,	7e. TYPE OF ORGANIZATI): check only <u>one</u> box. or give entire restated	FIRST NAME CITY ON 7f, JURISDICTION OF O collateral description, or describe	collateral assigned.	MIDDLE NAME STATE POSTA 7g. ORGANIZATIO	DNAL ID #, If any	SUFFIX
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debt adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	CURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor while adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	LOG On Ar 6b. INDIVIDUAL'S LAST CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST MAILING ADDRESS TAX ID #: SSN OR EIN AMENDMENT (COLL) Describe collateral de	MERICA, Inc. NAME ADDED INFORMATION NAME ADD'L INFO RE ORGANIZATION DEBTOR ATERAL CHANGE eleted or added,	7e. TYPE OF ORGANIZATI): check only <u>one</u> box. or give entire restated	FIRST NAME CITY ON 7f, JURISDICTION OF O collateral description, or describe	collateral assigned.	MIDDLE NAME STATE POSTA 7g. ORGANIZATIO	DNAL ID #, If any	SUFFIX
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debt adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	CURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	Log On Ar 6b. INDIVIDUAL'S LAST CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST MAILING ADDRESS TAX ID #: SSN OR EIN AMENDMENT (COLL) Describe collateral de NAME OF SECURED adds collateral or adds the 9a. ORGANIZATION'S	DED INFORMATION NAME ADD'L INFO RE ORGANIZATION DEBTOR ATERAL CHANGE eleted or added,	7e. TYPE OF ORGANIZATI): check only <u>one</u> box. or give entire restated PRD AUTHORIZING THE or if this is a Termination au	FIRST NAME CITY ON 7f, JURISDICTION OF O collateral description, or describe HIS AMENDMENT (name of assign the collateral by a Debtor, check here	collateral assigned.	MIDDLE NAME STATE POSTA 7g. ORGANIZATIO	DNAL ID #, If any	SUFFIX
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debta adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Nortel Networks, Inc., as Administrative Agent	CURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	Log On Ar 6b. INDIVIDUAL'S LAST CHANGED (NEW) OR A 7a. ORGANIZATION'S N AMENDMENT (COLLA Describe collateral de NAME OF SECURED adds collateral or adds the 9a. ORGANIZATION'S I Nortel Netwo	DEATTY OF RECO	7e. TYPE OF ORGANIZATI): check only <u>one</u> box. or give entire restated PRD AUTHORIZING THE or if this is a Termination au	FIRST NAME CITY ON 7f, JURISDICTION OF O collateral description, or describe HIS AMENDMENT (name of assignments) thorized by a Oebtor, check here	collateral assigned.	MIDDLE NAME STATE POSTA 7g. ORGANIZATIO 17g. ORGANIZATIO	DNAL ID #, If any	SUFFIX COUNTRY