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Corporation Service Company 1-800-858-5294					
SERIN ACKNOWLEDGMENT TO: (Name and Address) [63783167 - 337430 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261 [Filed In: Rhode Island (S.O.S.)] THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # [15] The FRANCING STATEMENT AMENDING TO FEED TO FILE ONLY INITIAL FINANCING STATEMENT FILE # [16] The FRANCING STATEMENT AMENDING TO FILE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # [16] The FRANCING STATEMENT AMENDING TO FILE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT AMENDING TO FILE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT AMENDING TO FILE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT AMENDING TO FILE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT AMENDING TO FILE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY IN THE ABOVE SPACE IS FOR FILING					
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Filed In: Rhode Island (S.O.S.) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 10577 6/6/2002 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 is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and additions of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Debtor of 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 0 and/or 7. CHANGE aman and/or address. Pleaserefer to the detailed information in ferms 0 and/or 7. CHANGE aman and/or address of party. GELETE name. Give record name Aboc complete items 7a-7g (if applicable). CHRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX AND INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX MALING ADDRESS SEEINSTRUCTIONS ADDL INFO RE 7a. TYPE OF ORGANIZATION ORGANIZATIONAL ID #, if any DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.			i		
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