	1 det 2						
_							
	ICC FINANCING STATEMENT AMENDMEN	NT					
	OLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)		1				
	Corporation Service Company 1-800-858-5294						
ľ	B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com						
ŀ	SEND ACKNOWLEDGMENT TO: (Name and Address)		com				
ĺ	SPRFiling@cscinfo.com  SEND ACKNOWLEDGMENT TO: (Name and Address)  81512934 - 358660  Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703  Filed In: F	-cinto					
	Corporation Service Company	35011					
	801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: F	Shode Island					
	filings	(S.O.S.)					
Ļ	I. INITIAL FINANCING STATEMENT FILE NUMBER				OR FILING OFFICE USE ENDMENT is to be filed [for		
	92342 02/19/1999		or recorded) in the RE)	AL ESTATE		•	
2	TERMINATION: Effectiveness of the Financing Statement identified about the Statement	ove is terminated v		<u>.</u>			
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8							
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law							
5. PARTY INFORMATION CHANGE:							
	Check one of these two boxes:  AND Check one of these three boxes to:  CHANGE name and/or address: CompleteADD name; Complete itemDELETE name; Give record name						
	This Change affects Debtor or Secured Party of record item 6a or 6b, and item 7c 7b and item 7c to be deleted in item 6a or 6b  6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)						
	6a. ORGANIZATION'S NAMESCHNEPEL WOODWORKING, INC.						
OI	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AI NAME	TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
					,		
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information ORGANIZATION'S NAME	ation Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, ful	name; do not o	mit, modify, or abbreviate any part o	f the Debtor's name)	
O	OR 75. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
8.	COLLATERAL CHANGE: Also check one of these four boxes: AD	D collateral	DELETE collateral	RESTATE 6	overed collateral	SSIGN collateral	
	Indicate collateral:						
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A			(name of As	signor, if this is an Assignme	nt)	
	f this is an Amendment authorized by a DEBTOR, check here and provide and provide a. ORGANIZATION'S NAMESantander Bank, N.A.	name of authorizing	j Debtor				
0.5							
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
10	 OPTIONAL FILER REFERENCE DATA:0469 Debtor:SCHNEF	EL WOOD!	VORKING INC			<u></u>	
		LL 4400DV	TORMING, INC.			81512934	