•						
UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS	ENT					
A NAME & DHOME OF CONTACT AT FILED (optional)		7				
Corporation Service Company 1-800-858-529	4	.ce 3				
Corporation Service Company 1-800-858-529 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 85268099 - 372200 Corporation Service Company 801 Adlai Stevenson Drive	1.00	$\mathbf{O}^{CO(I)}$				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	തടേട്ട്യസ					
85268099 - 372200						
Corporation Service Company	•	1				
801 Adlai Stevenson Drive Springfield, IL 62703 Filed In	: Rhode Island					
L	(S.O.S.)					
1a. INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOVE :		R FILING OFFIC		
200401514470 08/30/2004		(or recorded) in the F	REAL ESTATE	RECORDS	•	•
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated	with respect to the security in	terest(s) of Se	cured Party authoria	zing this To	ermination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect			me of Assigno	in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement identifies continued for the additional period provided by applicable law	d above with respec	to the security interest(s) of	Secured Party	authorizing this Co	ntinuation	Statement is
5. PARTY INFORMATION CHANGE:						
	k <u>one</u> of these three b HANGE name and/or		name: Comple	te itemDELETE	- name: Gi	ve record name
This Change affects Debtor or Secured Party of record iffe	em 6a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c7a o	r 7b, and item 7	c to be de	eleted in iter	n 6a or 6b
6a. ORGANIZATION'S NAMETower Manufacturing Corpora		OILE Hairie (da di OD)				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IA) NAME	LADDITIO	NAL NAME(S)/INITI	AL (S)	SUFFIX
G. N. B. V. D. S. Z. S.	13101121001	WIE 18 INIE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ie ie io ioie(O)iii ii ii	.E(0)	001111
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	ormation Change - provide	only one name (7a or 7b) (use exact,	full name; do not o	nit, modify, or abbreviate	any part of the	e Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
	ADD collateral	DELETE collateral	RESTATE	overed collateral	ASS	SIGN collateral
Indicate collateral:						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provi	S AMENDMENT: Pide name of authorizing		b) (name of As	signor, if this is an A	ssignment)	
9a ORGANIZATION'S NAMERBS Citizens, N.A. successor			Rhode Isla	and		
OR 9b. INDIVIDUAL'S SURNAME	TFIRST PERSON			NAL NAME(S)/INITI/	61./S\ "T	SUFFIX
SUL MUNICIPAL S CONTRAME	I MOI PERSON	AE NAME	ADDITIO	THE PROMETO PRINTER	10(0)	JUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Tower Manu	facturing Corp	ooration				25268099