UCC FINANCING STATEMENT AMENIC FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858- B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 87989946 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Fig.					
1a. INITIAL FINANCING STATEMENT FILE NUMBER		4	EMENT AME	R FILING OFFICE USE ENDMENT is to be filed [for	
200401772410 11/29/2004 2. TERMINATION: Effectiveness of the Financing Statement ide	patition about in terminated	Filer: <u>attach</u> Amendment A	ddendum (Fo	rm UCC3Ad) <u>and</u> provide Debt	
2. TERMINATION: Effectiveness of the Financing Statement Idea	entified above is terminated w	nth respect to the security inter	esi(s) or se	cured Party authorizing this	s remination
ASSIGNMENT (full or partial): Provide name of Assignee in it For partial assignment, complete items 7 and 9 and also indicate.			of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law	identified above with respect	to the security interest(s) of Se	cured Party	authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Inform 6a. ORGANIZATION'S NAMEPINAULT HARDWARE (ddress: Complete ADD na a or 7b <u>and</u> item 7c 7a or 7l	ime: Comple o, <u>and</u> item 7	ote item DELETE name: c Deleted in	Give record name item 6a or 6b
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NÁL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Ta. ORGANIZATION'S NAME	Party Information Change - provide o	inly <u>one</u> name (7a or 7b) (use exact, full	name; do not or	nit, modify, or abbreviate any part o	of the Debtor's name)
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
				i	1
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:					ASSIGN collateral
Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	G THIS AMENDMENT: Pind provide name of authorizing	rovide only <u>one</u> name (9a or 9b) g Debtor	name of Ass	signor, if this is an Assignme	
Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here are	G THIS AMENDMENT: Pind provide name of authorizing	rovide only <u>one</u> name (9a or 9b) g Debtor Citizens Bank of Rh	name of Ass	signor, if this is an Assignme	