UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 89144409 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 File 1a. INITIAL FINANCING STATEMENT FILE NUMBER 200401861240 12/29/2004 2. TERMINATION: Effectiveness of the Financing Statement ident	d In: Rhode Island	THE ABOVE SPACE This FINANCING STATEM (or recorded) in the REAL Filer: attach Amendment Add	endum (Form UCC3Ad) <u>and</u> provid	ed [for record] e Debtor's name in item 13
3. ASSIGNMENT (full or partial): Provide name of Assignee in itei	n 7a or 7b, <u>and</u> address o	Assignee in item 7c and name of	Assignor in item 9	
For partial assignment, complete items 7 and 9 and also indicate 4. CONTINUATION: Effectiveness of the Financing Statement ide		············	ired Party authorizing this Con	inuation Statement is
continued for the additional period provided by applicable law	milling above with respect	to the security wherest(s) or observe	ed Fairy dationizing this con-	STOCKEN STATE OF THE STATE OF T
5. PARTY INFORMATION CHANGE: Check one of these two boxes: AND	Check one of these three by		O LIVE DELETE	0
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; <u>and</u> item	a or 7b <u>and</u> item 7c7a or 7b, j		name: Give record name ted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information: 6a. ORGANIZATION'S NAMEREUTER MARKETING, L		one name (6a or 6b)		
00				
66. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL	.(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pe	rty Information Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full nar	ne; do not omit, modify, or abbreviate an	y part of the Debtor's name)
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME		•••		····
				122
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral RE	ESTATE covered collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT: P	ovide only <u>one</u> name (9a or 9b) (na	ame of Assignor, if this is an Ass	ignment)
If this is an Amendment authorized by a DEBTOR, check here and and 9a. ORGANIZATION'S NAMERBS Citizens, N.A. success	provide name of authorizing		de Island	
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME 1	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
SU INDIVIDUAL S SUKINAME	FIRST PERSON	NE PAZIVILE	ALD HOMAL HAWC(S)/INI (IAL	, GOLLIA
10. OPTIONAL FILER REFERENCE DATA Debtor: REUTER	MARKETING, L	LC		89144409