| UCC FINANCING STATEMENT AMENIFOLLOWINSTRUCTIONS | DMENT | | | |
|---|--|--|--|-----------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858 | I-5294 | 1 | | |
| B. E-MAIL CONTACT AT FILER (optional) | 9201 | om | | |
| SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) | <u> </u> | 1 | | |
| 94978052 - 372200 Corporation Service Company | G-5294 GCSCINIO | | | |
| 801 Adlai Stevenson Drive Springfield, IL 62703 | "low lo. Db odo latend | | | |
| Springheid, 1E 02703 | (S.O.S.) | | | |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER | | 1b. This FINANCING STATE | ACE IS FOR FILING OFFICE USE MENT AMENDMENT is to be filed [for | |
| 713724 06/09/2000 | | (or recorded) in the REAi Filer: <u>attach</u> Amendment Ad | L ESTATE RECORDS dendum (Form UCC3Ad) <u>and</u> provide Debt | or's name in item 13 |
| TERMINATION: Effectiveness of the Financing Statement identification. Statement Termination Terminati | entified above is terminated | with respect to the security intere | est(s) of Secured Party authorizing this | Termination |
| ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also indicate the partial assignment. | | | of Assignor in item 9 | |
| CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law | identified above with respec | t to the security interest(s) of Sec | cured Party authorizing this Continuati | on Statement is |
| PARTY INFORMATION CHANGE: | | | | |
| — | D Check one of these three to CHANGE name and/or | | me: Complete item DELETE name: | Give record name |
| This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Infor | item 6a or 6b; and item | 7a or 7b <u>and</u> item 7c7a or 7b | and item 7c to be deleted in | |
| 6a. ORGANIZATION'S NAMEHart Engineering Corpor | | one name (oa or oo) | | |
| OR 6b. INDIVIDUAL'S SURNAME | FIRST PERSOI | ONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX | | |
| | | | , , , , , , | |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME | r Party Information Change - provide | only <u>one</u> name (7a or 7b) (use exact, full n | ame; do not omit, modify, or abbreviate any part o | if the 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 |
| COLLATERAL CHANGE: Also check one of these four boxes | s: ADD collateral | DELETE collateral | RESTATE covered collateral | ASSIGN collateral |
| indicate collateral: | S. MDD Condition | DELETE CONSTRUE | CLOTATE COVERED CONTACT I | ASSIGN COllateral |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN | | | name of Assignor, if this is an Assignme | ent) |
| If this is an Amendment authorized by a DEBTOR, check here are as ORGANIZATION'S NAMECITIZENS Bank, N.A. FOR | and provide name of authorization and authorization authorization and authorization authorizatio | _ | | |
| OR 9b. INDIVIDUAL'S SURNAME | FIRST PERSON | | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor: Hart Er | ngineering Corpora | ation | | 94978052 |