UCC FINANCING STATEMENT AME FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-6 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address 98243922 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	358-5294	om			
1a, INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOVE		R FILING OFFICE USE	
373229 09/10/1990		Filer: attach Amendr	REAL ESTATE F nent Addendum (Fon	RECORDS m UCC3Ad) <u>and</u> provide Deb	or's name in item
 TERMINATION: Effectiveness of the Financing Stateme Statement 	nt identified above is terminated	with respect to the security	interest(s) of Sec	ured Party authorizing thi	S Termination
ASSIGNMENT (full or partial): Provide name of Assigne For partial assignment, complete items 7 and 9 and also in	e in item 7a or 7b, <u>and</u> address o	of Assignee in item 7c <u>and</u> r 8	name of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Stater continued for the additional period provided by applicable	nent identified above with respec		of Secured Party	authorizing this Continuat	on Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	AND Check one of these three by CHANGE name and/or item 6a or 6b; and item	address: CompleteAl	DD name: Complet	te itemDELEȚE name:	Give record nam
This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party	Information Change - provide only		a or 7b, <u>and</u> item 7c	to be deleted in	item 6a or 60
	Information Change - provide only		a or 70, <u>and</u> item 70	to be deleted in	item 6a or 60
6. CURRENT RECORD INFORMATION: Complete for Party	Information Change - provide only	one name (5a or 6b)		NAL NAME(S)/INITIAL(S)	SUFFIX
6a. ORGANIZATION'S NAMESpring Green Corpor	Information Change - provide only ation FIRST PERSO	one name (5a or 6b)	ADDITION	VAL NAME(S)//INITIAL(S)	SUFFIX
6a. ORGANIZATION'S NAMESPRING Green Corpor 6b. INDIVIDUAL'S SURNAME 7. CHANGED OR ADDED INFORMATION: Complete for Assignm 7a. ORGANIZATION'S NAME	Information Change - provide only ation FIRST PERSO	one name (5a or 6b)	ADDITION	VAL NAME(S)//INITIAL(S)	SUFFIX
6a. ORGANIZATION'S NAMESPRING Green Corpor 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment	Information Change - provide only ation FIRST PERSO	one name (5a or 6b)	ADDITION	VAL NAME(S)//INITIAL(S)	SUFFIX
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6a. ORGANIZATION'S NAME Spring Green Corpor 6a. ORGANIZATION'S NAME Spring Green Corpor 6b. INDIVIDUAL'S SURNAME 7c. CHANGED OR ADDED INFORMATION: Complete for Assignm 7a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) c. MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four b Indicate colleteral:	Information Change - provide only ation FIRST PERSOI nent or Party Information Change - provide CITY Oxes: ADD collateral	one name (5a or 6b) NAL NAME only one name (7a or 7b) (use exact	ADDITION d, full name; do not om STATE	POSTAL CODE	SUFFIX SUFFIX COUNTRY ASSIGN collater
Ga. ORGANIZATION'S NAME Spring Green Corpor Ga. ORGANIZATION'S NAME Spring Green Corpor Ga. ORGANIZATION'S NAME Spring Green Corpor Gb. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignm Ta. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four b Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHOR If this is an Amendment authorized by a DEBTOR, check here [Information Change - provide only ation FIRST PERSOI nent or Party Information Change - provide CITY OXES: ADD collateral IZING THIS AMENDMENT: F and provide name of authorizin	one name (5a or 6b) NAL NAME only one name (7a or 7b) (use exact) DELETE collateral	ADDITION d, full name; do not om STATE	POSTAL CODE	SUFFIX SUFFIX COUNTRY
CURRENT RECORD INFORMATION: Complete for Party 6a. ORGANIZATION'S NAME Spring Green Corpor 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignm 7a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four b Indicate collateral:	Information Change - provide only ation FIRST PERSOI nent or Party Information Change - provide CITY OXES: ADD collateral IZING THIS AMENDMENT: F and provide name of authorizin	One name (5a or 6b) NAL NAME only one name (7a or 7b) (use exact Provide only one name (9a or 7g Debtor 3S Citizens, N.A.	STATE STATE RESTATE cc	POSTAL CODE	SUFFIX SUFFIX COUNTRY