| LICO FINANCINO STATEMENT AMENDMENT | | | |
|--|---|---|----------------------|
| UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS | | | |
| A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 99263284 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rho | | | |
| B. E-MAIL CONTACT AT FILER (optional) | ¿CO// | | |
| SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) | ecialy. | | |
| 99263284 - 372200 | | | |
| Corporation Service Company | 1 | | |
| 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rho | de Island | | |
| | (0.0.0.) | | |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER | | CE IS FOR FILING OFFICE USE MENT AMENDMENT is to be filed [for | |
| 718854 10/02/2000 | (or recorded) in the REAL Filer: <u>attach</u> Amendment Add | ESTATE RECORDS lendum (Form UCC3Ad) <u>and</u> provide Debt | or's name in item 13 |
| TERMINATION: Effectiveness of the Financing Statement identified above Statement | is terminated with respect to the security interes | et(s) of Secured Party authorizing this | Termination |
| ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, For partial assignment, complete items 7 and 9 and also indicate affected coll | <u>and</u> address of Assignee in item 7c <u>and</u> name o ateral in item 8 | f Assignor in item 9 | |
| CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law | re with respect to the security interest(s) of Security | ured Party authorizing this Continuati | on Statement is |
| 5. PARTY INFORMATION CHANGE: | | - · · · · · · · · · · · · · · · · · · · | |
| CHANGE | f these three boxes to: E name and/or address: CompleteADD nam | e: Complete itemDELETE name: | Give record name |
| This Change affects Debtor or Secured Party of record Item 6a c 6. CURRENT RECORD INFORMATION: Complete for Party Information Change | or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c 7a or 7b, | and item 7c to be deleted in | item 6a or 6b |
| 6a. ORGANIZATION'S NAMETELECOMMUNICATIONS CONC | | | |
| OR 6b. INDIVIDUAL'S SURNAME | TRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | | ,, | |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME | Change - provide only one name (7a or 7b) (use exact, full na | me; do not omit, modify, or abbreviate any part o | f the Debtor's name) |
| OR THE THE PROPERTY OF THE PRO | | | |
| 7b. INDIVIDUAL'S SURNAME | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | ·- |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | SUFFIX |
| (4) | | | 001111 |
| 7c. MAILING ADDRESS C | YTK | STATE POSTAL CODE | COUNTRY |
| 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD c | ollateral DELETE collateral R | ESTATE covered collateral | ASSIGN collateral |
| Indicate collateral: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME | NDMENT: Provide only one name (9a or 9b) (n. | ame of Assignor, if this is an Assignme | nt) |
| | ne of authorizing Debtor | | |
| OR | | | |
| 96. INDIVIDUAL'S SURNAME | RST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor: TELECOMMUNI | CATIONS CONCEPTS INC. | | 99263284 |