UCC FINANCING STATEMENT AMENDN FOLLOW INSTRUCTIONS	IENT				
A. NAME & PHONE OF CONTACT AT FILER (optional)	94				
B. E-MAIL CONTACT AT FILER (optional)	· ~	$\boldsymbol{\gamma}$			
SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)	:40, _{CU}				
102337894 - 358660	ec//,,,				
Corporation Service Company 801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed	In: Rhode Island				
	(3.0.3.)	THE ABOVE SI	PACE IS FO	OR FILING OFFICE USE	ONLY
Ia. INITIAL FINANCING STATEMENT FILE NUMBER 200502806500 10/03/2005	1	(or recorded) in the RE	AL ESTATE	ENDMENT is to be filed [for RECORDS orm UCC3Ad) <u>and</u> provide Debt	•
TERMINATION: Effectiveness of the Financing Statement identifier Statement	ed above is terminated wi				
ASSIGNMENT (full or partial): Provide name of Assignee in item		Assignee in item 7c <u>and</u> nam	e of Assigno	r in item 9	
For partial assignment, complete items 7 and 9 and also indicate aff CONTINUATION: Effectiveness of the Financing Statement ident		the analysis interacts of S	'agurad Darb	authorizing this Continuet	an Statement in
continued for the additional period provided by applicable law	tilled above with respect t	o the security interest(s) or s	secured Faity	admonizing this Continuan	on Statement is
5. PARTY INFORMATION CHANGE:	eck one of these three box	es to:			
Crieck one or triese two boxes.	CHANGE name and/or ac item 6a or 6b; <u>and</u> item 7a	dress: CompleteADD r	name: Compl 7b, <u>and</u> item 7		Give record nam item 6a or 6b
S. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME Eltahan Tharwart Inc	on Change - provide only <u>o</u>	e name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	FIRST PERSONAL NAME		DNAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provide or	y <u>one</u> name (7a or 7b) (use exact, fu	I name; do not o	mit, modify, or abbreviate any part of	of the Debtor's name)
7a. ORGANIZATION'S NAME Eltahan Tharwat, Inc.					
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					<u> </u>
				· · · · · · · · · · · · · · · · · · ·	TSUFFIX
INDIVIDUAL'S ADDITIONAL NAME/SVINITIAL/SV					John
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					
	CITY North Prov	dence	STATE	POSTAL CODE 02904	COUNTRY
individual's additional name(s)/initial(s) c. MAILING ADDRESS 1112 Charles St COLLATERAL CHANGE: Also check one of these four boxes:		dence	RI	02904	USA
C. MAILING ADDRESS 1112 Charles St COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	North Prov		RI	02904	USA
c. MAILING ADDRESS 1112 Charles St COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	North Prov		RI	02904	USA
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c. MAILING ADDRESS 1112 Charles St COLLATERAL CHANGE: Also check one of these four boxes: All Assets NAME OF SECURED PARTY OF RECORD AUTHORIZING TO	North Prov	DELETE collateral	RI	02904	USA ASSIGN collatere
C. MAILING ADDRESS 1112 Charles St C. MAILING ADDRESS 1112 Charle	ADD collateral [DELETE collateral	RI	02904	USA ASSIGN collatera
COLLATERAL CHANGE: Also check one of these four boxes: All Assets NAME OF SECURED PARTY OF RECORD AUTHORIZING To fithis is an Amendment authorized by a DEBTOR, check here and part of the second authorized by a DEBTOR, check here and part of the second authorized by a DEBTOR, check here and part of the second authorized by a DEBTOR, check here and part of the second authorized by a DEBTOR, check here and part of the second authorized by a DEBTOR, check here and part of the second authorized by a DEBTOR, check here and part of the second authorized by a DEBTOR, check here and part of the second authorized by a DEBTOR, check here and part of the second authorized by a DEBTOR, check here are and part of the second authorized by a DEBTOR, check here are and part of the second authorized by a DEBTOR, check here are and part of the second authorized by a DEBTOR.	ADD collateral [DELETE collateral vide only <u>one</u> name (9a or 9b	RI RESTATE	02904	USA ASSIGN collatera