UCC FINANCING STATEMENT AMENDM	FNT				
FOLLOWINSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-529	4				
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 103624231 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In	c.01 ¹	7			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	*40·0	1			
103624231 - 372200	<i>),,,</i>				
Corporation Service Company 801 Adlai Stevenson Drive	•				
Springfield, IL 62703 Filed In	: Rhode Island				
L GIINGL	(S.O.S.)				
1a. INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOVE SI		OR FILING OFFICE USE	
723406 01/19/2001		(or recorded) in the RE	AL ESTATE	ENDMENT is to be filed [for RECORDS orm UCC3Ad] and provide Debt	=
TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated	with respect to the security inte	erest(s) of Se	cured Party authorizing this	Termination
	Mrs				
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affecting a sign of the following sign o	or /b, <u>and</u> address of ted collateral in item	of Assignee in item 7c <u>and</u> nam 8	e of Assigno	r în item 9	
CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law	ed above with respec	at to the security interest(s) of S	ecured Part	y authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:					
	k <u>one</u> of these three b CHANGE name and/or	address: CompleteADD r	name; Compl	ete item DEI ETE namo:	Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information of	em 6a or 6b; <u>and</u> item	7a or 7b and item 7c 7a or	7b, <u>and</u> item ?		
6a. ORGANIZATION'S NAMETHE WINDOW SHOPPEE, II	NC.	Sile Harrie (Sa Di OD)			<u></u>
OR 6b. INDIVIDUAL'S SURNAME	I management				
	FIRST PERSO	NAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Int	formation Change - provide	only one name (7a or 7b) (use exact, ful	I name; do not o	mit, modify, or abbreviate any part of	f the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	- V			<u></u>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u>-</u>				SUFFIX
					JOPPIX
7c. MAILING ADDRESS	CITY	144	STATE	POSTAL CODE	COUNTRY
2 COLLATERAL CUANCE			<u> </u>		
COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral	RESTATE	covered collateral	SSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	S AMENDMENT: F	Provide only <u>one</u> name (9a or 9b)	(name of As	signor, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and prove a ORGANIZATION'S NAMECITIZENS Bank, N.A. Formally	ide name of authorizin	na Debtor			
	KHOWN AS RE	oo Uliizens, N.A.			
96. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
46 007/04/44 5/4-7-2-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1					
10. OPTIONAL FILER REFERENCE DATA: Debtor; THE WINDO	W SHOPPE	E, INC.			103624231