A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-529 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)  104164751 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed I					
Corporation Service Company 1-800-858-529  B. E-MAIL CONTACT AT FILER (optional)  SPRFiling@cscinfo.com					
SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
104164751 - 372200	27700				
	0.00.				
Corporation Service Company 801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed I	n: Rhode Island (S.O.S.)				
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ia. initial financing statement file number 723949 01/30/2001	CING STATEMENT FILE NUMBER TID.   THIS FINANCING STATEMENT AMENDS			CORDS	•
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identified Statement</li> </ol>	d above is terminated with				
ASSIGNMENT (full or partial): Provide name of Assignee in item 7.		signee in item 7c and name o	f Assignor in i	tem 9	<del></del>
For partial assignment, complete items 7 and 9 and also indicate affet.  CONTINUATION: Effectiveness of the Financing Statement identifiation.		ha conveity interact/s) of Con-	red Party aut	horizing this Continuation	o Statement in
continued for the additional period provided by applicable law	led above with respect to t	te security anterest(s) or secu	neo rany aut	Horizaig tills Collinidatio	in Statement is
5. PARTY INFORMATION CHANGE:	ak and of those three house	to:	•		
Check dife of these two boxes.	ck <u>one</u> of these three boxes CHANGE name and/or addre item 6a or 6b; <u>and</u> item 7a or	ss: Complete ADD nam	e: Complete it and item 7c	em DELETE name: (	Give record name
CURRENT RECORD INFORMATION: Complete for Party Information	Change - provide only one				
6a. ORGANIZATION'S NAMEDEBTOR = RIZS PROPERT	TIES, INC.				
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
<ul> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information (Transport of Party Information)</li> <li>Ta. ORGANIZATION'S NAME</li> </ul>	nformation Change - provide only o	ie name (7a or 7b) (use exact, full nar	ne; do not omit, m	nodify, or abbreviate any part of	the Debtor's name)
75, INDIVIDUAL'S SURNAME					
75. INDIVIDUALS SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  c. MAILING ADDRESS	СІТҮ		STATE PO	OSTAL CODE	SUFFIX
· · ·		DELETE collateral R	STATE PO		

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