UCC FINANCING STATEMENT AMENDMEN	Т				
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)		ı			
Corporation Service Company 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 109308288 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rh.	m				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	COLL				
109308288 - 372200					
Corporation Service Company 801 Adlai Stevenson Drive					
Springfield, IL 62702					
<u> </u>	(S.O.S.)	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200603670460 05/25/2006]1	(or recorded) in the REAL	ESTATE I		•
2. TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated wi			m UCC3Ad) <u>and provide Debu</u> cured Party authorizing this	
Statement 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b	o, <u>and</u> address of	Assignee in item 7c <u>and</u> name o	f Assignor	in item 9	
For partial assignment, complete items 7 and 9 and also indicate affected or		- Ab			- Statement is
 CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law 	ove with respect t	o the security interest(s) of Sec	ured Party	authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE: AND Check one	of these three box	res to:			
Check blie of these two boxes.	GE name and/or ac a or 6b; and item 7a	dress: CompleteADD nam	ne: Comple and item 7	te item DELETE name:	Give record name tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Chang	ge - provide only <u>o</u>	ne name (6a or 6b)			
62. ORGANIZATION'S NAMETHE OPEN FRAME, INC.					
Gb. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	l on Change - provide or	ly <u>one</u> name (7a or 7b) (use exact, full na	me; do not on	nit, 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					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
]			<u> </u>
COLLATERAL CHANGE: Also check one of these four boxes: ADD Indicate collateral:	collateral	DELETÉ coliateral	ESTATE O	overed collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	MENDMENT: Pro	ovide only <u>one</u> name (9a or 9b) (n	ame of Ass	signor, if this is an Assignme	nt)
	ame of authorizing	Debtor			
08			Language		Leve
96 INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: THE OPEN FR	AME, INC.		 		109308288