FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)	DMENT	7		
Corporation Service Company 1-800-858				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1237 85039 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	nn			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	info.com	1		
1237 85039	3c",,			
Corporation Service Company 801 Adlai Stevenson Drive	•			
Springfield, IL 62703	iled In: Rhode Island			
\ \	(S.O.S.)	TUE 450/5 05		
1a. INITIAL FINANCING STATEMENT FILE NUMBER			ACE IS FOR FILING OFFICE USE MENT AMENDMENT is to be filed [for	
009245 04/26/2002		(or recorded) in the REA	L ESTATE RECORDS Idendum (Form UCC3Ad) <u>and</u> provide Deb	•
TERMINATION: Effectiveness of the Financing Statement ide Statement	entified above is terminated v			
ASSIGNMENT (full or partial): Provide name of Assignee in it For partial assignment, complete items 7 and 9 and also indicate	tem 7a or 7b, and address of e affected collateral in item (f Assignee in item 7c <u>and</u> name	of Assignor in item 9	.
CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law	identified above with respect	to the security interest(s) of Se	cured Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:	·		···.	
Check one of these two boxes:	Check one of these three bo		me: Complete itemDELETE name	Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Inform	item 6a or 6b; and item 7	7a or 7b <u>and</u> item 7c 7a or 7b	, and item 7c to be deleted in	
6a. ORGANIZATION'S NAMEMACHINEX CORP.	mation Change - provide only i	one name (6a or 6b)		
OR 6b. INDIVIDUAL'S SURNAME			·	
B. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or	Party Information Change - provide of	only one name (7a or 7b) (use exact, full n	ame; do not omit, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME				or are bester a name;
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME				of the Bestel a Hallie
7a. ORGANIZATION'S NAME				o un bobble a name)
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME				
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME				SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	СІТҮ		STATE POSTAL CODE	
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS			-	SUFFIX
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS	CITY		-	SUFFIX COUNTRY USA
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes	CITY		-	SUFFIX COUNTRY USA
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes	CITY		-	SUFFIX COUNTRY USA
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes	CITY		-	SUFFIX COUNTRY USA
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes	CITY		-	SUFFIX COUNTRY USA
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: indicate collateral:	CITY ADD collateral	DELETE collateral	RESTATE covered collateral	SUFFIX COUNTRY USA ASSIGN collateral
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and in the collateral indicates and indicates are considered in the collateral indicates and indicates are con	CITY ADD collateral G THIS AMENDMENT: Production of authorizing	DELETE collateral i	RESTATE covered collateral	SUFFIX COUNTRY USA ASSIGN collateral
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: indicate collateral:	CITY ADD collateral G THIS AMENDMENT: Production of authorizing	DELETE collateral i	RESTATE covered collateral	SUFFIX COUNTRY USA ASSIGN collateral
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING (If this is an Amendment authorized by a DEBTOR, check here and in the collateral of the collat	CITY ADD collateral G THIS AMENDMENT: Production of authorizing	Ovide only one name (9a or 9b) (13 Debtor	RESTATE covered collateral	SUFFIX COUNTRY USA ASSIGN collateral