

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C SEND ACKNOWLEDGMENT TO (Name and Address)	
1531 88324 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In Rhode Island (S.O.S.)

filingacks@cscinfo.com

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER 200401016640 02/18/2004	1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS For <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13
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2 TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3 ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c, and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4 CONTINUATION Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5 PARTY INFORMATION CHANGE
Check one of these two boxes: Debtor or Secured Party of record
AND Check one of these three boxes to: CHANGE name and/or address Complete item 5a or 5b, and item 7a or 7b, and item 7c; ADD name Complete item 7a or 7b, and item 7c; DELETE name Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION Complete for Party information Change - provide only one name (6a or 6b)

6a ORGANIZATION'S NAME CitiCapital Commercial Corporation				
OR	6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7 CHANGED OR ADDED INFORMATION Complete for Assignment or Party information Change - provide only one name (7a or 7b), use exact full name, do not omit, modify, or abbreviate any part of the Debtor's name

7a ORGANIZATION'S NAME Wells Fargo Financial Leasing, Inc.				
OR	7b INDIVIDUAL'S SURNAME			
	INDIVIDUAL'S FIRST PERSONAL NAME			
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			
				SUFFIX

7c MAILING ADDRESS PO Box 35701	CITY Billings	STATE MT	POSTAL CODE 59107	COUNTRY USA
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8 COLLATERAL CHANGE Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral

9 NAME OF SECURED PARTY or RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor:

9a ORGANIZATION'S NAME CitiCapital Commercial Corporation				
OR	9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10 OPTIONAL FILER REFERENCE DATA Indirect - 9634706001 - 2-7233234594 Debtor: Elite Construction Inc. 1531 88324