UCC FINANCING STATEMENT AMENDME FOLLOWINSTRUCTIONS	NT				
A. NAME & PHONE OF CONTACT AT FILER (optional) Debbie Himmelheber (301)) 622-0900				
B. E-MAIL CONTACT AT FILER (optional) dhimmelheber@dynaxys.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Dynaxys LLC	┐				
11911 Tech Road Silver Spring, MD 20904					
L		THE ABOVE SPAC	E IS FOR FILING OFFICE	E USE OI	NLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201008789070 06/29/2010	1	(or recorded) in the REAL	ENT AMENDMENT is to be f ESTATE RECORDS endum (Form UCC3Ad) and prov	•	
TERMINATION: Effectiveness of the Financing Statement identified a Statement	above is terminated w	**************************************			
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect			Assignor in item 9		
4. X CONTINUATION: Effectiveness of the Financing Statement identifier continued for the additional period provided by applicable law	d above with respect	to the security interest(s) of Secu	red Party authorizing this Co	ntinuation	Statement is
5. PARTY INFORMATION CHANGE:	k <u>one</u> of these three bo	exes to:			
Check one of triese two boxes:	HANGE name and/or a em 6a or 6b; <u>and</u> item 7	ddress: CompleteADD nam	e: Complete item DELETI and item 7c to be de	E name: Gi eleted in ite	ive record name m 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information C 6a. ORGANIZATION'S NAME	Change - provide only g	one name (6a or 6b)			
08	International	AL MANIE	ADDITIONAL NAME(S)/INITI	(A) (S)	TSUFFIX
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/NINTI	Vr(a)	30111/
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	formation Change - provide of	only <u>one</u> name (7a or 7b) (use exact, full nam	me; do not omit, modify, or abbreviate	any part of th	te Debtor's name)
OR 75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	E-159				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY	. in artists	STATE POSTAL CODE	-	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral R	ESTATE covered collateral	AS	SIGN collatera
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THI If this is an Amendment authorized by a DEBTOR, check here and pro-	S AMENDMENT: F		ame of Assignor, if this is an	Assignment	t)
98. ORGANIZATION'S NAME United States Department of Housing and U					
OR States Department of Housing and Corporation	FIRST PERSON	=	ADDITIONAL NAME(S)/INIT	IAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Filed with: RI - Secretary of State; Debtor: GRANDVI	EW REALTY	CORPORATION; P# 01	6-EH007		316852 1007840

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