| ☐ The Debtor is a tra- as defined in ALA (| <u> </u> | No. of Additional Sheets Presented: 0 | This FINANCING STATEMENT is presented to a Filing Officer filing pursuant to the Uniform Commercial Code. | for |
|--|--|---|---|--|
| 1. Return copy or reconstruction CSC NETWOR 500 Central Av | RKS/PHLFS | • • • • • • • • • • • • • • • • • • • | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | |
| Albany, NY 12 | 2206 | | | Ω |
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| Pre-paid Acct. #_ | | | | で 写版 「 |
| 2. Name and Address | | (Last Name First if a Person) | | の の に に に に に に に に に に に に に |
| Consignee: Fine 521 Fifth Avenue New York, NY | | oration | | # 1 2-0-7 (元 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | | | 1nst 1/199 (201) |
| Social Security/Tax | | | | |
| 2A. Name and Addres | ss of Debtor (IF ANY |) (Last Name First if a Person) | | 03/ 03/ 03/ 03/ 03/ 03/ 03/ |
| | · | | | _ |
| Social Security/Tax | c ID # | | FILED WITH: | • |
| Additional debtors on attached UCC-E | | | County, Shelby | |
| 3. NAME AND ADDR | RESS OF SECURED PARTY) (Las | t Name First if a Person) | 4. ASSIGNEE OF SECURED PARTY (IF ANY) | (Last Name First if a Person) |
| Consignor: Mic 35 West 45th St New York, NY | | •• | | <i>(</i> |
| | - | | | |
| Social Security/Tax | c ID a | | | |
| Additional secured | d parties on attached UCC-E | | | A |
| 5. This statement | refers to original Financing Stat ounty, Shelby | ement bearing File No. 5563 | Date Filed 4/23/92 | 19 |
| 6. X Continuation. 7. Termination. 8. Partial or Full Assignment. 9. Amendment 10. Partial Release | Secured Party no longer clain The Secured Party's right und property described in item 11 whose name and address app Financing statement bearing | ns a security interest under the financing so der the financing statement bearing file nur or to all of the property listed on this file, | is assigned to the assignee et forth in item 11. | l |
| 11. | | -# | | 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing |
| | | | | |
| · • | | | | |
| | | | | |
| | • | • | | |
| Check X if covered: | Products of Collateral are als | so covered. | CSC#/ALBANY4/97-000237/1/3 AL:Shelby County | |
| Consignee: Finlay Fine Jewelry Corporation Signature(s) of Debtor(s) | | | Consignor: Michael Werdiger, Inc. Signature(s) of Secured Party(ies) | |
| Signature(s) of Debt | tor(s) (necessary only if item 9 is | applicable) | Signature(s) of Secured Party(ies) | |
| Type Name of Indivi | idual or Business | ···· | Type Name of Individual or Business | |
| (1) FILING OFFICER COP | Y-ALPHABETICAL (3) | FILING OFFICER COPY-ACKNOWLEDGEMENT FILE COPY-SECURED | | |

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