

Inst # 2002-17557

04/15/2002-17557  
03:37 PM CFRTJFJFJ  
SHELBY COUNTY JUDGE OF PROBATE  
001 MSR 25.00**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**A. NAME & PHONE OF CONTACT AT FILER [optional]**

Brian Doyle

**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**

636478

Diligenz, Inc.  
4629 168th Street SW  
Suite E  
Lynnwood, WA 98037

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1a. INITIAL FINANCING STATEMENT FILE #**

41642 12/18/1996

**1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.****2. ☐ TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.**3. ☐ CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.**4. ☒ ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.**5. AMENDMENT (PARTY INFORMATION):** This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.☐ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. ☐ DELETE name: Give record name to be deleted in item 6a or 6b. ☐ ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).**6. CURRENT RECORD INFORMATION:****6a. ORGANIZATION'S NAME**

ELECTRICAL BOX &amp; ENCLOSURES, L.L.C.

OR

**6b. INDIVIDUAL'S LAST NAME****FIRST NAME****MIDDLE NAME****SUFFIX****7. CHANGED (NEW) OR ADDED INFORMATION:****7a. ORGANIZATION'S NAME**

PNC Bank, National Association

OR

**7b. INDIVIDUAL'S LAST NAME****FIRST NAME****MIDDLE NAME****SUFFIX****7c. MAILING ADDRESS**

2 Tower Center Blvd., 8th Floor

**CITY**

East Brunswick

**STATE**

NJ

**POSTAL CODE**

08816

**COUNTRY**

USA

**7d. TAX ID #: SSN OR EIN****ADD'L INFO RE  
ORGANIZATION  
DEBTOR****7e. TYPE OF ORGANIZATION****7f. JURISDICTION OF ORGANIZATION****7g. ORGANIZATIONAL ID #, if any**☐ NONE**8. AMENDMENT (COLLATERAL CHANGE):** check only one box.Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.**9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.**9a. ORGANIZATION'S NAME**

National Canada Finance Corp.

OR

**9b. INDIVIDUAL'S LAST NAME****FIRST NAME****MIDDLE NAME****SUFFIX****10. OPTIONAL FILER REFERENCE DATA**

Shelby, AL

636478