NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY		20030506000281110 Pg 1/3 Shelby Cnty Judge of Pro 05/06/2003 14:41:00 FILE	. 00
A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Wagasa			
1. INITIAL FINIANIOINIO OTATEMENTE SU E (I	THE ABOVE S	PACE IS FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE # 2000 - 1978(<u> </u>	1b. This FINANCING STATEMENT to be filed [for record] (or record REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of the	e Secured Party authorizing this Termination	on Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Secure	ed Party authorizing this Continuation Sta	itement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and			, <u> </u>
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Do Also check one of the following three boxes and provide appropriate information in		one of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change		me ADD name: Complete item 7a item 7c; also complete items 7	or 7b, and also d-7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			·-·
OR 65 1910 1911 19 1 4 9 7 114 1 5			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COLINITON
505 OAK GIEN Trace	3/2	A 1 35244	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			NONE
Describe collateral deleted or added, or give entire restated collater	ral description, or describe collateral assigned	ļ.	
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 	ENDMENT (name of assignor, if this is an Assignment by a Debtor, check here and enter name of DE	ent). If this is an Amendment authorized b BTOR authorizing this Amendment.	y a Debtor which
9a. ORGANIZATION'S NAME		<u></u>	<u> </u>
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10.OPTIONAL FILER REFERENCE DATA			