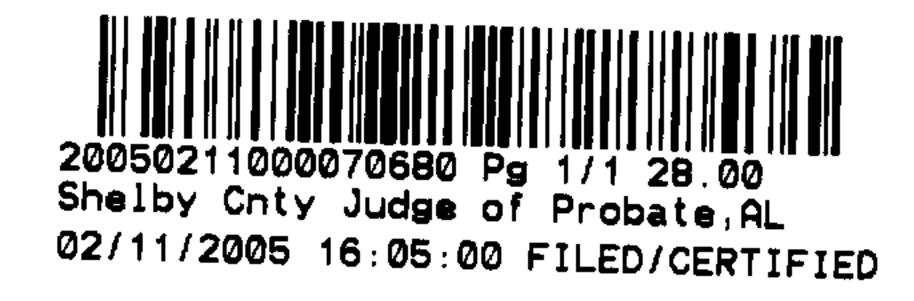
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|   |                            | ENT AMENDMEN   | T   |   |   |
|---|----------------------------|--|---|---|---|
| A NAME & PHONE OF C   |                            |  |   |   |   |
| A. NAME & PHONE OF C<br>Diligenz, Inc. 1                    |                            |  |   |   |   |
| B. SEND ACKNOWLEDG  |                            |  |   |   |   |
| 11800281  |                            | no ana radiressy   | <del></del>   |   |   |
|   |                            |  |   |   |   |
| Diligenz, Ind<br>6500 Harbo<br>Mukilteo, W                  | ur Heights F               | Pkwy, Suite 400  |   |   |   |
|   |                            | Filed In: Alabam   | <u>-</u>  | SPACE IS FOR FILING OFFICE U  | SE ONLY                                       |
| a. INITIAL FINANCING STATEMENT FILE # 2000-15402 05/01/2000 |                            |  |   | 1b. This FINANCING STATEME<br>to be filed [for record] (or re<br>REAL ESTATE RECORDS. | NT AMENDMENT is                               |
| TERMINATION: Ef   | ectiveness of the Fi       | nancing Statement identified above is  | s terminated with respect to security interest(s) of          |   | nation Statement.                             |
|   | Effectiveness of the       | Financing Statement identified above   | ve with respect to security interest(s) of the Sec            |   | • • • · · · · · · · · · · · · · · · · ·       |
| ASSIGNMENT (full  | or partial): Give nar      | ne of assignee in item 7a or 7b and a  | address of assignee in item 7c; and also give nam             | e of assignor in item 9.  |   |
|   |                            | ): This Amendment affects De   |   | ly <u>one</u> of these two boxes.   |   |
|   |                            | <u>d</u> provide appropriate information in it<br>to the detailed instructions |   | FT 400  | <b>-7</b> 6                                   |
| in regards to changing t                                    | e name/address of a        | party.   | DELETE name: Give record name to be deleted in item 6a or 6b. | ADD name: Complete item 7a or<br>also complete items 7e-7g (if apr                    | r / p, and also item 7c;<br>plicable).        |
| 6a. ORGANIZATION'S N  |                            | ······································   | ······································                        | ··· <u></u>   |   |
|   |                            | S FOUNDRY COMPA  | NY. INC.  |   |   |
| 6b. INDIVIDUAL'S LAST NAME                                  |                            |  | FIRST NAME  | MIDDLE NAME   | SUFFIX  |
|   |                            |  |   |   |   |
| 7a. ORGANIZATION'S N  | AME                        | ION:   | FIRST NAME  | MIDDLE NAME   | CUEELY  |
|   |                            |  | IVIIDDLE INAIVIE  | SUFFIX  |   |
| c. MAILING ADDRESS  | <u> </u>                   |  | CITY  | STATE POSTAL CODE   | COUNTRY                                       |
| d SEEINSTRUCTIONS   |                            | 7e. TYPE OF ORGANIZATION   | 7f. JURISDICTION OF ORGANIZATION                              | 7g. ORGANIZATIONAL ID #, if ar  | ny  |
|   | ORGANIZATION<br>DEBTOR     |  |   |   | NONE  |
| . NAME OF SECURED   | PARTY OF REC               | ORD AUTHORIZING THIS AME   | ENDMENT (name of assignor, if this is an Assign               | nment). If this is an Amendment authorize   | ed by a Debtor which                          |
| 9a. ORGANIZATION'S N AMSOUTH BA                             | authorizing Debtor,<br>AME | or if this is a Termination authorized   | by a Debtor, check here and enter name of E                   | DEBTOR authorizing this Amendment.  | , <u>, , , , , , , , , , , , , , , , , , </u> |
| 9b. INDIVIDUAL'S LAST                                       | NAME                       |  | FIRST NAME  | MIDDLE NAME   | SUFFIX  |
| 0.0PTIONAL FILER REFERE<br>01-41052-94003                   |                            | KELLY DAVIS - GLIDI  | EWELL SPECIALTIES FOUN  | DRY COMPANY,  | 11800281                                      |