

20051205000627450 1/1 Shelby Cnty Judge of F 12/05/2005 10:43:13AM
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Karen S. Harris	CONTACT AT FILER [optional]				
	(760) 918-2740 GMENT TO: (Name and Address)				
	ORATION SYSTEMS/UCC				
Attn:Jeanic					
	Blvd., Suite 100 eek, CA 94597-2152				
	20 Ref: 6514967-1				
					,
		THE ABOVE S	SPACE IS FOR E	FILING OFFICE US	SE ONLY
a. INITIAL FINANCING STA	ATEMENT FILE #		1b. This FI	NANCING STATEME	NT AMENDMENT I
Instrument: 2001	-01925 Filed: 01/18/2001		to be fi	led [for record] (or red ESTATE RECORDS.	orded) in the
	Effectiveness of the Financing Statement identified above		the Secured Party a	authorizing this Termin	ation Statement.
CONTINUATION: continued for the add	Effectiveness of the Financing Statement identified about the desired provided by applicable law.	ove with respect to security interest(s) of the Secu	red Party authoriza	ing this Continuation S	Statement is
ASSIGNMENT (ful	or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name	e of assignor in iten	n 9.	
	TY INFORMATION): This Amendment affects De				
	owing three boxes and provide appropriate information in				
in regards to changing	raddress: Please refer to the detailed instructions the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD nam also com	e: Complete item 7a or plete items 7e-7g (if app	7b, and also item 7c; licable).
6a. ORGANIZATION'S					
_   Farooqi Enter		FIRST NAME	MIDDLE NAI	MF	SUFFIX
66. INDIVIDUAL'S LAS	ST NAME		1		1001117
<b>1/ 1                                  </b>	STNAME				
<b>1/ 1                                  </b>					
66 INDIVIDUAL'S LAS	ADDED INFORMATION:				
6b. INDIVIDUAL'S LAS CHANGED (NEW) OR 7a. ORGANIZATION'S	ADDED INFORMATION: NAME				
. CHANGED (NEW) OR A	ADDED INFORMATION: NAME	FIRST NAME	MIDDLE NA	ME	SUFFIX
6b. INDIVIDUAL'S LAS 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS	ADDED INFORMATION: NAME	FIRST NAME	MIDDLE NA	ME	SUFFIX
6b. INDIVIDUAL'S LAS  7a. ORGANIZATION'S  7b. INDIVIDUAL'S LAS	ADDED INFORMATION: NAME	FIRST NAME CITY		ME OSTAL CODE	SUFFIX
6b. INDIVIDUAL'S LAS  CHANGED (NEW) OR  7a. ORGANIZATION'S  R  7b. INDIVIDUAL'S LAS  c. MAILING ADDRESS	ADDED INFORMATION: NAME ST NAME	CITY	STATE	OSTAL CODE	COUNTRY
6b. INDIVIDUAL'S LAS CHANGED (NEW) OR 7a. ORGANIZATION'S	ADDED INFORMATION: NAME		STATE		COUNTRY

9.	NAME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Termina	NG THIS AMENDMENT (name of assignor, if this is ation authorized by a Debtor, check here and enter	an Assignment). If this is an Amendment autoname of DEBTOR authorizing this Amendm	thorized by a Debtor which ent.			
	9a. ORGANIZATION'S NAME						
OR	American Commercial Capital 9b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
10.	OPTIONAL FILER REFERENCE DATA						
Fi	iled with Shelby County, AL Account # 9	930903001 Unit # 1435					

FILING OFFICE COPY --- UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)
CAUCC3PNAT- 10/01/02 C T System Online