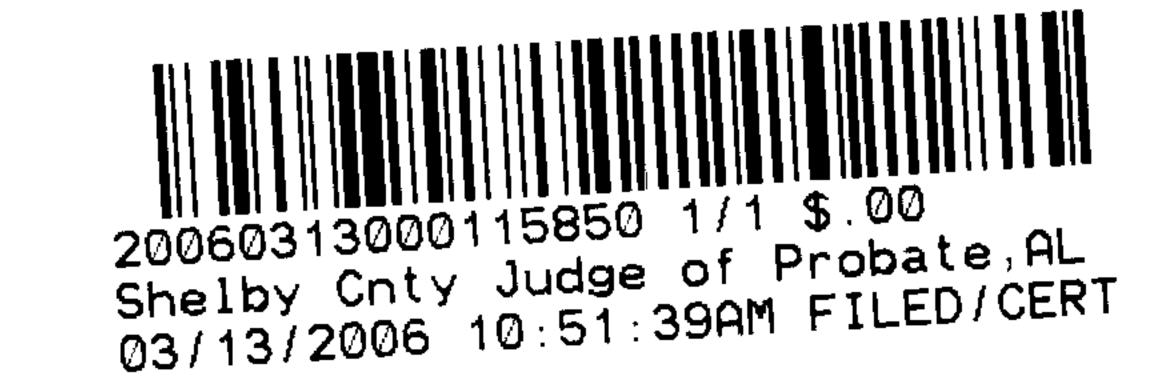
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UCC FINANCING STATEMENT AMENDMEN			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
MARAN			
(Letter Commenter)			
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE SPA	1b. This FINANCING STATEMENT A	
2001-10790		to be filed [for record] (or recorded REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of the S		
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 Secureu	rarty authorizing this Continuation State	illeill is
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 De	· · · · · · · · · · · · · · · · · · ·		
Also check one of the following three boxes and provide appropriate information in			
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	DELETE name: Give record name		•
6. CURRENT RECORD INFORMATION:	e) in item 7cto be deleted in item 6a or 6b.	item 7c; also complete items 7d-	rg (ii applicable).
6a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Jan Jua	MAMAG		
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR			
7b. INDIVIDUAL S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE 24/24/	COUNTRY
HOIDON WORK SENIOREN LADOU INFORMATION	Je/Mm	1/2 3 /	·
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.			
Describe collateral deleted or added, or give entire restated collate	ral description, or describe collateral assigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	ENDMENT (name of accionar if this is an Ancionar	t) If this is an Amandmant authorized by	a Dobtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized			a בייטוטו WIIICN
9a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·
a Wandan			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			