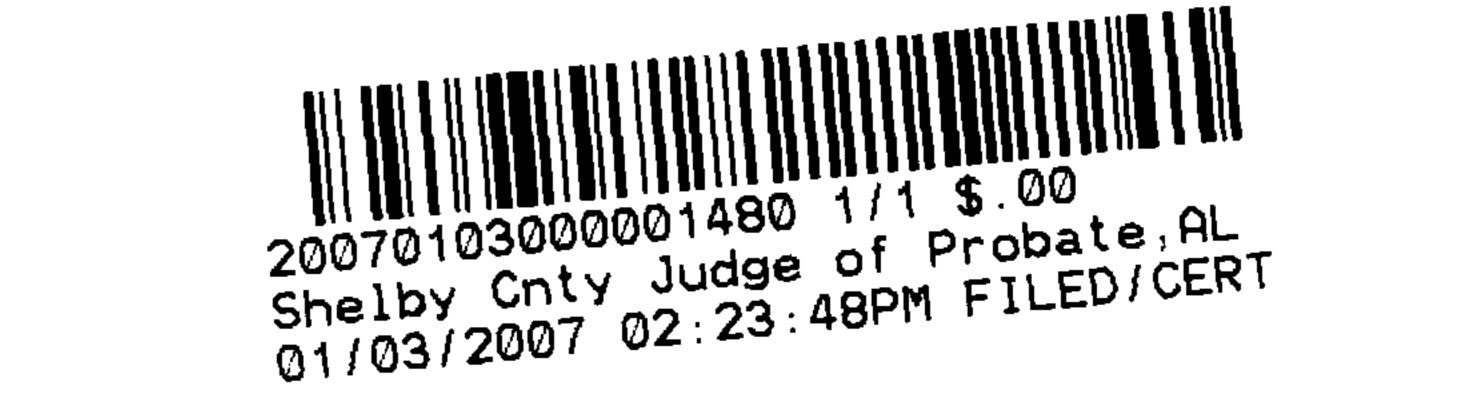
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UCC FINANCING STATEMENT AMENDMENT

OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Chicago Title Insurance Comp			
711 Third Avenue, Suite 500	pany		
New York, New York 10017			
Attn: Johanna Black			
	THE ABOVE S	SPACE IS FOR FILING OFFICE L	JSE ONLY
a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEM to be filed [for record] (or re	· 4 - 45 !- 41 -
20040607000305700		REAL ESTATE RECORDS	S
TERMINATION: Effectiveness of the Financing Statement identified a			
. CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law.	led above with respect to security interest(s) of the Secu	ired Party authorizing this Continuation	n Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	b and address of assignee in item 7c; and also give nam	e of assignor in item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment affects	والإن المناب المناب المناب والمناب والم	فيناك بالمنطقة فالمنافق المستمل فالمستقل المنطقة المستمل والمستمل والمستقل والمستقل والمستقل والمراوات	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information			
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a also complete items 7e-7g (if an	or 7b, and also item 7c; oplicable).
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
R 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
DR		, 	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
C. MAILHIO ADDICESS			
d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	ON 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if	any
ORGANIZATION ' DEBTOR			NON
AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated	collateral description, or describe collateral assign	ed.	
NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	IS AMENDMENT (name of assignor, if this is an Assig	nment). If this is an Amendment author	rized by a Debtor which
. NAME OF SECURED PARTY OF RECORD AUTHORIZING THe adds collateral or adds the authorizing Debtor, or if this is a Termination aut	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		
9a. ORGANIZATION'S NAME The Bank of New York, as agent and issuing bank, and	thorized by a Debtor, check here and enter name of	DEBTOR authorizing this Amendment rests may appear	
9a. ORGANIZATION'S NAME	thorized by a Debtor, check here and enter name of	DEBTOR authorizing this Amendment	
adds collateral or adds the authorizing Debtor, or if this is a Termination aut 9a. ORGANIZATION'S NAME The Bank of New York, as agent and issuing bank, and	thorized by a Debtor, check here and enter name of dor its successors and assigns as their inte	DEBTOR authorizing this Amendment rests may appear	