OLLOW INSTRUCTIONS (front and back NAME & PHONE OF CONTACT AT FILER [options (2000)	al]	) 660 A4A4			
		3) 662-4141			
3. SEND ACKNOWLEDGEMENT TO: (Name and Ma	ailing Address) 11467 WACH	OVIA BANK			
	4004				
UCC Direct Services	1294318	89			
P.O. Box 29071	ALAL				
Glendale, CA 91209-9071	FIXTUR				
	FIXIUN		THE ABOVE SPACE IS	S FOR FILING OFFICE US	SE ONLY
a. INITIAL FINANCING STATEMENT FILE #	·		1b. This	FINANCING STATEMENT	r amendmei
1998-14817 04/24/98 CC AL S			X to b	e filed [for record] (or record).	ded) in the
.		e is terminated with respect to security i	· -		
(X) CONTINUATION: Effectiveness of the Fit continued for the additional period provided by		with respect to the security interest(s)	of the Secured Party aut	horizing this Continuation S	Statement is
ASSIGNMENT (full or partial): Give name	ne of assignee in item 7a or 7b	and address of assignee in 7c; ar	nd also give name of a	ssignor in item 9.	
AMENDMENT (PARTY INFORMATION): Thi	is Amendment affects Deb	tor or Secured Party of record.			
Also check one of the following three boxes  CHANGE name and/or address: Give current	and provide appropriate infor record name in item 6a or 6b; also	mation in items 6 and/or 7. give new DELETE name: Gi		ADD name: Complete item	
name (if name change) in item 7a or 7b and/o	r new address (if address change)	in item 7c to be deleted in ite	m 6a or 6b.	tem 7c; also complete item	s 7d-7g (if ap
6a. ORGANIZATION'S NAME WAINWRIGHT, INC.					· · · · - · - ·
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME S	
. CHANGED (NEW) OR ADDED INFORMATI	ON:	·—————————————————————————————————————	<u> </u>		
7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE N	IAME	SUFFIX
		·		<u></u>	
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNT
S. SEE HOTTES ADDE NO CE	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATI	ON 7g. ORGA	NIZATIONAL ID #, if any	
ORGANIZATION DEBTOR				· · · · · · · · · · · · · · · · · · ·	
AMENDMENT (COLLATERAL CHANGE): c	heck only one box.		<u></u>		
Describe collateral deleted or added,	or give entire restated collate	eral description, or describe collatera	alassigned.		
NAME OF SECURED PARTY OF RECORD	AUTHORIZING THIS AMEND	MENT (name of assignor, if this is an	Assignment). If this is an	Amendment authorized by	a Debtor which
adde collatoral or adde the authorizing Debter, or i	if this is a Termination authorized h	via Debtor, check here 🗀 and enter r	name of DEBTOR authori	zing this Amendment.	
9a. ORGANIZATION'S NAME	if this is a Termination authorized b	y a Debtor, check here and enter r	name of DEBTOR authori		ATION!
9a. ORGANIZATION'S NAME WACHOVIA BANK, NATIONAL ASS	if this is a Termination authorized b	y a Debtor, check here and enter r	HTRUST BANK, N	IATIONAL ASSOCIA	
9a. ORGANIZATION'S NAME	if this is a Termination authorized b	y a Debtor, check here and enter r	name of DEBTOR authori	IATIONAL ASSOCIA	ATION   SUFFIX

12943189 Debtor Name: WAINWRIGHT, INC. 05/6558563187/18 801 01014703069

10. OPTIONAL FILER REFERENCE DATA

<b>UC</b> FOI	C FINANCING STATEME LLOW INSTRUCTIONS (front ar	ENT AMENDMEN and back) CAREFULLY	IT ADDENDUM			
11.	INITIAL FINANCING STATEMENT FI	LE # (same as item 1a on Amen	dment form)			
199	98-14817 04/24/98 CC AL	Shelby				
12. N	NAME of PARTY AUTHORIZING THIS AM	ENDMENT (same as item 9 on Ame	ndment form)			
	12a. ORGANIZATION'S NAME WACHOVIA BANK, NATIONAL ASSOCIATION AS SUCCESSOR BY MERGER TO SOUTHTRUST BANK, NATIONAL ASSOCIATION					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX			
13.	Use this space for additional inform	nation				

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

\_\_ Description: SEE ORIGINAL UCC EXHIBIT A