



UCC FINANCING STATEMENT AMENDMENT

State Form 50182 (5-01)

Approved by State Board of Accounts, 2001

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 JAN 13 PM 12:27

MICHAEL A. BROWN
RECORDER

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2005 000031

A. NAME AND PHONE OF CONTACT AT FILER (optional)
Kathryn I. Walker (219) 881-4808

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Economic Development Corporation
839 Broadway, 2nd Floor North
Gary, IN 46402

see attachment

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
96002862

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

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 Debtor or Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and / or 7.
 CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable)

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION NAME
Cardinal Data Press

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS

4800 W. 5th Avenue	CITY Gary	STATE IN	POSTAL CODE 46406	COUNTRY
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ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
			<input type="checkbox"/> NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

All of debtors assets now owned or hereafter acquired including but not limited to all accounts receivables, office furnishings and equipment, inventory, automobiles, etc. and all proceeds thereof. Also, acquired accounts receivables to include any monies to be received from any federal, state, local charitable agency or commercial entity for goods or services rendered.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION NAME
City of Gary Economic Development Corporation

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

State Form 53182 (5-01)

Approved by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

11. INITIAL FINANCING STATE FILE NUMBER (same as item 1a on Amendment form)		
96002862		
12. NAME OF PARTY AUTHORIZING AMENDMENT (same as item 9 on Amendment form)		
12a. ORGANIZATION'S NAME		
City of Gary Economic Development Corporation		
OR	12b. INDIVIDUAL'S LAST NAME	
	FIRST NAME	MIDDLE NAME, SUFFIX

13. Use this space for additional information

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MICHAEL A. BROWN
REG. CLERK

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