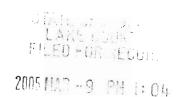
UCC FINANCING STATEMENT AMENDMENT

State Form 50182 (5-01)
Approved by State Board of Accounts, 2001

2005 000190



FOLLOW INSTRUCTIONS (front and back) CAREFULLY

. •	ZEEST ING THE COUNTY AND SEEIN OF THE SEE				5.44, 5.	
A.	NAME AND PHONE OF CONTACT AT FILER (optional)				880 a	10///
	Connie Johnson (219) 922-2910				ei : :	
8.	SEND ACKNOWLEDGMENT TO: (Name and Address)					
						
	BANK CALUMET, N.A.	ı				
	10322 INDIANAPOLIS BLVD					
1	HIGHLAND, IN 46322					
	, 1, 10011					
		1				
	<u> </u>					
Ļ	THE SHADOWS OF THE ASSESSMENT				OR FILING OFFICE US	
1a.	INITIAL FINANCING STATEMENT FILE #			to be	VANCING STATEMENT AI filed (for record) (or rec STATE RECORDS	orded) in the
2 1	▼ TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with room	and the state of t			
-						atement.
3. [CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to secur	ny interest(s) of the Secured Party	aumonzing i	nis Continuation Statement is	
4.						
	AMENDMENT (PARTY INFORMATION): This Amendment affects Debto		arty of record. Check only one of the	hese two box	Kes.	
Г	Iso check one of the following three boxes and provide appropriate information in iter CHANGE name and/or address: Give current record name in item 6a or 6b; al	_	DELETE name: Give record na	те ГП	ADD name: Complete Item 7a	or 7b. and also
	name (if name change) in item 7a or 7b and/or new address (if address change		to be deleted in item 6a or 6b.		item 7c; also complete items 7c	1-7q (if applicable)
6. C	CURRENT RECORD INFORMATION:					
	6a. ORGANIZATION NAME					
OR	SMITH PAINT & SUPPLY, INC.	FIRST NAME		MIDDLE	NAME	SUFFIX
	6B. INDIVIDUAL'S LAST NAME	PIRSTNAME		WIIODEL	147WL	JOFFIX
7.0	L CHANGED (NEW) OR ADDED INFORMATION:					
7.0	7a. ORGANIZATION NAME					
	Ta. Storing the transfer of the storing to the stor					
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICT	ION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	,
	ORGANIZATION DEBTOR					□ NONE
	MENDMENT (COLLATERAL CHANGE): check only one box					
	Describe collateral 🔲 deleted or 🔲 added, or give entire 🔲 restated collateral d	escription, or describ	e collateral assigned.			
9. N	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN dds collateral or adds the authorizing Debtor, or if this is a Termination authorized b	NDMENT (name of	assignor, if this is an Assignment)	. If this is an	Amendment authorized by a [Debtor which
a		by a Deblor, check n	ere L , and enter name of DEB I	OR authoriz	zing this Amendment.	
	9a. ORGANIZATION NAME BANK CALUMET, N.A.					
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
10.	OPTIONAL FILER REFERENCE DATA			,		