N FILED FOR RECORE 2005 APT 18 PM 2: 23

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

		1 05 000325	2005 APT 18 F	
A. NAME AND PHONE OF CONTACT AT FILER (optional)	20	103 630000		SOWN
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			MES-INT I	I OWN I
William Noble Eiland,	Junior	\neg	· · · · · · · · · · · · · · · · · · ·	
C/o 840 Colfax Street		']		
near (46406)				
Gary, Indiana.				
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all allackments				
		THE ABOVE SPA	CE IS FOR FILING OFFICE U	SE ONLY
1a. INIT-AL FINANCING STATEMENT FILE # 2002001489			b. This FINANCING STATEMENT A to be filed (for record) (or re	
 TERMINATION: Effectiveness of the Financing Statement identif 	fied above is term	inaled with respect to security interest(s) of the Sec	Pred Park authorizing this Termination S	atement
3. CONTINUATION: Effectiveness of the Financing Statement iden				auditiont.
continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7h and addres	s of assignee in item 7c; and also give name of ass	innor in item 9	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects				
Also check one of the following three boxes and provide appropriate infor				
CHANGE name and/or address: Give current record name in item name (if name change) in item 7s or 7b and/or new address (if add	n 6a or 6b; also gi tress change) in i	ive new DELETE name: Give record nar item 7c. to be deleted in item 6a or 6b.	ne ADD name: Complete item 7 item 7c; also complete items 7	a or 7b, and also d-7g (if applicable)
S. CURRENT RECORD INFORMATION:				
6a. ORGANIZATION NAME				
OR 6b. INDIVIDUAL'S LAST NAME		EIDET NAME	MIDDLE NAME	CHEEN
60. INDIVIDUAL S LAST NAME	'	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION NAME				
7b. INDIVIDUAL'S LAST NAME	F	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	C	CITY	STATE POSTAL CODE	COUNTRY
			1 1	1
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ADD'L INFO RE 78. TYPE OF ORGANIZATION DEBTOR	ANIZATION 7	f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if an	NONE
ORGANIZATION DEBTOR D. AMENDMENT (COLLATERAL CHANGE): check only one box				□ NONE
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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

FÓLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

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11. INITIAL FINANCING STATE FILE N	IUMBER (same as item 1a on Arr	nendment form)	
2002001489			2005 AFT 18 PH 2:
12. NAME OF PARTY AUTHORIZING	AMENDMENT (same as item 9 or		20(12
12a. ORGANIZATION'S NAME		2000 0400 -	MANAGER - BEROV
OR-			14.12
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	
Eiland	William	Noble.Jr.	
Use this space for additional information.	ition		
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY