



# UCC FINANCING STATEMENT AMENDMENT

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

LAKE COUNTY  
FILED FOR RECORD

2

FOLLOW INSTRUCTIONS (front and back) CAREFULLY 2005 000453

2005 MAY 19 PM 3:50

MICHAEL BROWN  
REC'D

A. NAME AND PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Jessica Trilling  
Jones Day  
North Point  
901 Lakeside Avenue  
Cleveland, Ohio 44114-1190

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
2003 000498

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

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	CITY	STATE	POSTAL CODE	COUNTRY
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<input type="checkbox"/> ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
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8. AMENDMENT (COLLATERAL CHANGE): check only one box  
Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

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  
THE CIT GROUP/BUSINESS CREDIT, INC.

OR

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

Chicago Title Insurance Company  
620032276

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

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FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

2005 000453

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 MAY 19 PM 3:50

MOORE & BROWN  
CLERK

11. INITIAL FINANCING STATE FILE NUMBER (same as item 1a on Amendment form) 2003 000498		
12. NAME OF PARTY AUTHORIZING AMENDMENT (same as item 9 on Amendment form)		
12a. ORGANIZATION'S NAME THE CIT GROUP/BUSINESS CREDIT, INC.		
OR	12b. INDIVIDUAL'S LAST NAME	
	FIRST NAME	MIDDLE NAME, SUFFIX

13. Use this space for additional information  
ISG INDIANA HARBOR INC.

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