UCC FINANCING STATEMENT AMENDMENT

State Form 50182 (5-01) Approved by State Board of Accounts, 2001 LAKE COUNTY FILED FOR RECO

2005 MAY 19 FM 3: 50

FOLLOW INSTRUCTIONS (front and back to ARD FULLY () () () () 453

A. NAME AND PHONE OF CONTACT AT FILER (optional)		-/	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		HE TO THE STATE OF	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		- 140	
Jessica Trilling	ll .		
Jones Day			
North Point			
901 Lakeside Avenue			
Cleveland, Ohio 44114-1190			
	l)		
L	THE ABOVE S	PACE IS FOR FILING OFFICE U	SF ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT A	MENDMENT is
2003 000498	***************************************	to be filed (for record) (or re REAL ESTATE RECORDS	
2. X TERMINATION: Effectiveness of the Financing Statement identified above is te	eminated with respect to security interest(s) of the	Secured Party authorizing this Termination S	tatement.
 CONTINUATION: Effectiveness of the Financing Statement identified above with continued for the additional period provided by applicable law. 	ith respect to security interest(s) of the Secured Pa	rty authorizing this Continuation Statement is	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and additional additional actions are also assigned in item 7a or 7b and additional actions are also assigned in item 7a.	ress 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	of these two boxes.	
Also check one of the following three boxes and provide appropriate information in item:		_	
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)		name ADD name: Complete item 7 item 7c; also complete items 7	
6. CURRENT RECORD INFORMATION:	The state of the s	TOTAL STATE OF THE	a ra (ii oppiioooio
6a. ORGANIZATION NAME			_
OR			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION NAME			
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. JURISDICTION OF ORGANIZATION	70 ODCANIZATIONAL ID # if on	
ORGANIZATION DEBTOR	71. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box			
Describe collateral deleted or added, or give entire restated collateral des	cription, or describe collateral assigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEND	DMENT (name of assignor, if this is an Assignment	nt). 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 DE	STOR authorizing this Amendment.	
9a. ORGANIZATION NAME			
THE CIT GROUP/BUSINESS CREDIT, INC.			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			

Lake County, Indiana

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

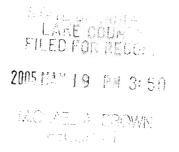
State Form 50182 (5-01)

· Approved by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

2005 000453

			-44
11	INITIAL FINANCING STATE FILE NUMB 2003 000498	BER (same as item 1a	on Amendment form)
12	. NAME OF PARTY AUTHORIZING AMEN	NDMENT (same as ite	m 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	•	



13. Use this space for additional information

ISG INDIANA HARBOR INC.

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY