FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME AND PHONE OF CONTACT AT FILER (optional) 2005 000585 Kathryn Walker Gill/(219) 881-4808

LAKE COUNTY FILED FOR RECO. 2005 JUM 28 PH 1:10

B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
	- -	KAICHARA A	DOMA
Kathryn Walker Gill	1	MOTELAR	
		HEC	
Economic Development Corp.			
839 Broadway, 2nd Fl. North			
Gary, IN 46402			
see attadiment			
Little accommend	THE ABOVE SB	ACE IS FOR FILING OFFICE US	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE SP	1b. This FINANCING STATEMENT A	
2004 000818		to be filed (for record) (or rec	
2. X TERMINATION: Effectiveness of the Financing Statement identified above is t	erminated with respect to security interest(s) of the S	ecured Party authorizing this Termination St	atement.
CONTINUATION: Effectiveness of the Financing Statement Identified above we continued for the additional period provided by applicable law.	vith respect to security interest(s) of the Secured Part	y authorizing this Continuation Statement is	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and add	dress of assignee in item 7c; and also give name of as	ssignor 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 item	ns 6 and / or 7.		
CHANGE name and/or address: Give current record name in item 6a or 6b; als			
name (if name change) in Item 7a or 7b and/or new address (if address change) 6. CURRENT RECORD INFORMATION:	in item 7c. to be deleted in item 6a or 6b.	item 7c; also complete items 7c	d-7d (II aodikadie)
6a. ORGANIZATION NAME			
Davis Seafood, Inc.			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OS. INSTANCES EAST MAINE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		00// 15/
7. CHANGED (NEW) OR ADDED INFORMATION:		<u> </u>	
7a. ORGANIZATION NAME			
THE OTHER PROPERTY OF THE PROP			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
76. INDIVIDUAL'S EAST NAME	TIKOT NAME	MIDDLE NAME	SOFFIX .
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
3405 W. 15th Ave.	Gary	IN 46404	COUNTRY
ADD'L INFO RE 7e, TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
ORGANIZATION	7. JUNISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, II ally	
DEBTOR CONTROL OF THE PROPERTY			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box			
Describe collateral deleted or added, or give entire restated collateral deleted	scription, or describe collateral assigned.		
	•		
·			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENI	OMENT (name of assignor, if this is an Assignment)). If this is an Amendment authorized by a C	lehtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by			ABOO WING!
9a. ORGANIZATION NAME			
City of Gary Economic Developmer	nt Corporation		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

FILING OFFICE COPY - INDIANA UCC FINANCING AMENDMENT

10. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

Ste're Form 5(5182 (5-01) Approved by State Board of Accounts, 2001

13. Use this space for additional information

FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

11.	INITIAL F'NANCING STATE FILE NUMB	ER (same as item 1a on Amendm	ent form)	
12.	NAME OF PARTY AUTHORIZING AMEN	DMENT (same as item 9 on Ame	edment-form)	585
	City of Gary Economic Development Corporation		000	
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	

FILED FOR RECORD

2005 JUN 28 PH 1: 10

MICHAEL SROWN
FILE STER

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