UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) Phone (800) 331-3282 Fax (818) 662-4141				LAKE COUNTY FILED FOR RECORD		
В. 3	END ACKNOWLEDGEMENT TO: (Name and		k0848	2005 SEP 16	PM 12: 51	
	UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	681802 ININ	21.2	MICHAEL / RECO		
				THE ABOVE SPAC	E IS FOR FILING OFFICE	USE ONLY
	NITIAL FINANCING STATEMENT FILE 96000825 03-11-96 CC IN L		10 EXT	t	This FINANCING STATEME to be filed [for record] (or re REAL ESTATE RECORDS.	corded) in the
	X CONTINUATION: Effectiveness of the continued for the additional period provided ASSIGNMENT (full or partial): Give removed the continued for the following three box check one of the following three box change name and/or address: Give currename (if name change) in item 7a or 7b and	d by applicable law. name of assignee in item 7a or This Amendment affects De xes and provide appropriate inferit record name in item 6a or 6b; also	7b and address of assignee in 76 btor or Secured Party of record ormation in items 6 and/or 7. or give new DELETE name:	c; and also give nam d. Check only one of the	e of assignor in item 9.	em 7a or 7b. and also
S. C	JRRENT RECORD INFORMATION: Ba. ORGANIZATION'S NAME MARS ELECTRIC, INC.	avor new address (it address change) in item 7c to be deleted in 1	tem oa or ob.	item 7c, also complete it	ень то-гу (парряса
R.	6b. INDIVIDUAL'S LAST NAME		CIDOT NAME	1.5	ENAME	SUFFIX
			FIRST NAME	MIDDL	E NAME	55.7 %
7. (HANGED (NEW) OR ADDED INFORMA 7a. ORGANIZATION'S NAME	ATION:	PIRST NAME	MIDDL	E NAME	
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OR	7a. ORGANIZATION'S NAME	ATION:	1 V V V V V V V V V V V V V V V V V V V		E NAME	
OR 'c. I	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS EE INSTRUCTION ADD'L INFO RE ORGANIZATION	ATION: 7e. TYPE OF ORGANIZATION	FIRST NAME	MIDDL	E NAME	SUFFIX COUNTRY
OR /c. /	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS EE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE)	7e. TYPE OF ORGANIZATION): check only <u>one</u> box.	FIRST NAME	MIDDL STATE	E NAME POSTAL CODE	SUFFIX COUNTRY
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OR 76. 1	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME ALLING ADDRESS EE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE) escribe collateral deleted or added AME OF SECURED PARTY OF RECORD dds collateral or adds the authorizing Debtor. (collateral or adds the authorizing Debtor.)	7e. TYPE OF ORGANIZATION 1: check only one box. 1: or give entire restated collated collate	FIRST NAME CITY 7f. JURISDICTION OF ORGANIZA ceral description, or describe collate	MIDDL STATE TION 7g. OR ral assigned.	E NAME POSTAL CODE GANIZATIONAL ID #, if an	SUFFIX COUNTRY Y NON