A. NAME & PHONE C	ONS (front and back F CONTACT AT FIL	ER [optional]	ит 200 7	000086		LAKE COUNTY FILED FOR RECOR
Diligenz, Inc. B. SEND ACKNOWLE 2403000 Prepared	7					IICHAEL A. BROW RECORDER
Diligenz, 6500 Hai	Inc.	Pkwy, Suite 400 Filed In: Ind	iana Lake I			
				THE ABOVE SPA	CE IS FOR FILING O	1,114,117,117
1a. INITIAL FINANCING S 2002 000822	6/17/2002				to be filed [for rec	STATEMENT AMENDMENT is ord] (or recorded) in the
2. TERMINATION:	Effectiveness of the F	nancing Statement identified above	is terminated with respec	t to security interest(s) of the	REAL ESTATE RI	
3. CONTINUATION		Financing Statement identified abo				
4. ASSIGNMENT (full or partial): Give na	ne of assignee in item 7a or 7b and	address of assignee in ite	em 7c; and also give name of	assignor in item 9.	
5. AMENDMENT (PAR	RTY INFORMATION): This Amendment affects De	ebtor <u>or</u> Secured Pa	arty of record. Check only or	e of these two boxes.	
	_	d provide appropriate information in		tive record name	ADD name: Complete	aitem 7a or 7h and also item 7c
in regards to changi	ng the name/address of a	to the detailed instructions party.	DELETE name: G to be deleted in its	em 6a or 6b.	also complete items 7	eitem 7a or 7b, and also item 7c; e-7g (if applicable).
 CURRENT RECORD Ga. ORGANIZATION 						
	URCES COR	PORATION				
OR 6b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME	SUFFIX
7. CHANGED (NEW) O	R ADDED INFORMAT	ION:				
7a. ORGANIZATION						
OR 75, INDIVIDUAL'S LAST NAME			FIRST NAME	FIRST NAME		SUFFIX
				·		
76. MAILING ADDRESS 4100 GRAND AVENUE			PGH		PA 15225	USA
7d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION Corp.	DE DE	ORGANIZATION	7g. ORGANIZATIONAL DE-2152428	ID#, if any
8. AMENDMENT (COL Describe collateral		E); check only <u>one</u> box. or give entire restated collater	al description, or descrit	pe collateral assigned.		
						•
				•		
		DRD AUTHORIZING THIS AME or if this is a Termination authorized I). If this is an Amendment OR authorizing this Amen	
9a. ORGANIZATION'S						
96. INDIVIDUAL'S LAS			FIRST NAME		MIDDLE NAME	SUFFIX
		·				
0.0PTIONAL FILER REFE ACBS - 30392						24030007

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)