FOI A. N	CC FINANCING STATEMENT AMENDMEN LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] felissa A. Kostorick (412) 394-2392 SEND ACKNOWLEDGMENT TO: (Name and Address)		000488	LAK FILED 2007 JUL	OF INDIAMA E COUNTY FOR RECORD -5 PM 1: 2 L.A. BROWN
	Melissa A. Kostorick, Paralegal Thorp Reed & Armstrong, LLP One Oxford Centre, 14th Floor 301 Grant Street Pittsburgh, Pennsylvania 15219			REC	CORDER
12	INITIAL FINANCING STATEMENT FILE #		THE ABOVE SP	ACE IS FOR FILING OFFICE	
	004-000218 filed 02/23/04			to be filed [for record] (or r	recorded) in the
2.	2. X 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.				
	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 DELETE name: Give record name ADD name: Complete item 7a or 7b, and also				
6.	name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. to be deleted in item 6a or 6b. item 7c; also complete items 7d-7g (if applicable) CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME				
OR	Resco Products, Inc.			T	
	6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
					I
7.	CHANGED (NEW) OR ADDED INFORMATION:				
7.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				
7.	7a. ORGANIZATION'S NAME	FIRST NAME		MIDDLE NAME	SUFFIX
OR	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	
OR	7a. ORGANIZATION'S NAME	FIRST NAME		MIDDLE NAME STATE POSTAL CODE	SUFFIX
OR	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME		RGANIZATION		COUNTRY
7c.	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR ADDIVIDED ORGANIZATION ORGANIZATION	CITY	RGANIZÁTION	STATE POSTAL CODE	COUNTRY
7c.	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	CITY 7f. JURISDICTION OF O		STATE POSTAL CODE	COUNTRY
7c.	Ta. ORGANIZATION'S NAME Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CITY 7f. JURISDICTION OF O		STATE POSTAL CODE	COUNTRY
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7c. 7d. 8.	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ADDICATE ADDICATE	7f. JURISDICTION OF OI ral description, or describe of	collateral assigned.	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if a	COUNTRY any NON
7c. 7d. 8.	Tax ID #: SSN OR EIN ADD'L INFO RE Te. TYPE OF ORGANIZATION DEBTOR ADDED CORGANIZATION DEBTOR DESCRIPTION DESCRIPTI	7f. JURISDICTION OF O	collateral assigned. nor, if this is an Assignme and enter name of DEE	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if a	any NON

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