REORDER FROM Registre, Inc. 514 PIERCE ST. P.O. BOX 218 ANOKA, MN. 55303 (612) 421-1713

## UNIFORM COMMERCIAL CODE—FINANCING STATEMENT CHANGE—FORM N-UCC-2 IMPORTANT—Read instructions on back before filling out form

This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

. 4/63568					
1. FILE NO OF ORIG FINANCING STATEMENT 87-10492	1A. DATE OF FILING OF ORIG FIN		18. DATE OF ORIG FINANCING STA September 23,		1c. PLACE OF FILING ORIG FINANCING STATEMENT Secretary of State
2. DERTOR (AS APPEARS ON ORIGINAL FINANCING) LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRST	CTATELLENTI (ONE NAME ONLY)				2A. SOCIAL SECURITY OR FEDERAL TAX NO
28. MAILING ADDRESS (AS APPEARS ON ORIGIN 9171 Wilshire Blvd.	AL FINANCING STATEMENT		2c. city. state Beverly H	ills, CA	2D. ZIPCODE 90210
3. ADDITIONAL DEBTOR IF ANY) IONE NAME OF LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRST					3A. SOCIAL SECURITY ON FEDERAL TAX NO
3B. MAILING ADDRESS			3C. CITY, STATE		3D. ZIPCODE
4. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY)  LEGAL BUSINESS NAME  INDIVIDUAL (LAST NAME FIRST)					4A. SOCIAL SECURITY OR FEDERAL TAX NO
48. MAILING ADDRESS			4C. CITY, STATE		4D. ZIP CODE
5. SECURED PARTY  NAME Gibraltar S  MARLING ADDRESS 2800 Mader  CITY Simi Valley	a Road	CA	ZIP CODE 93	3065	64. SOCIAL SECURITY NO. FED TAX NO OR BANK TRANSIT AND A BA NO 94-0974 110
6. ASSIGNEE OF SECURED PARTY (IF ANY)  NAME  MAILING ADDRESS  CITY	STATE		ZIP CODE		6A. SOCIAL SECURITY NO. FED TAX NO OR BANK TRANSIT AND A B A. NO
above is continued. I growing or to be grow	If collateral is crops or timb wn or to which affixed or to	per, fixtures, or oi be affixed or fro	l, gas or minerals check he	re 🔲 and inse Item 8 below.	earing the file number and date shown at description of real property on which lf crops or fixtures, also insert name of spiration date.
collateral described ASSIGNMENT—The	in Item 8 below.  Secured Party certifies t	Release do	pes not terminate de Party has assigned to the	ebt. Assignee ab	above, the Secured Party releases the ove named, all or part of the Secured described in Item 8 below.
TERMINATION—The the file number show	e Secured Party certifies the vn above. Financing Statement bea	hat the Secured P aring the file nun	arry no langer claims a sec onber shown above is amer	urity interest o	under the Financing Statement bearing
8.	peptor(s) and Secur	ed Party(les)	required on all ame	naments)	
9.	(Date)			10. This Space	e for Use of Filing Officer (Date, Time, Filing Office)
By: SECURITY PACIFIC SIGNATURE(S) OF DEBTOR(S)  Gibraltar Savings  TYPE NAME(S)	7 7	Successor (1	mite)		
By: Brenda Kondis	MACX TYPES)	Vice Presť	dent.		PROJESTED BY PROTITE COMPANY, INC.
11. Re	eturn Copy to		·	<b>1</b>	DOUGLAS DEL NEVADA
Deborah S. Siege Latham & Watkins 633 West Fifth S Los Angeles, CA  (1) FILING OFFICER COPY UNIFORM COMMERCIAL CODE FORM CODE FORM UNIFORM CODE FORM CODE FORM UNIFORM CODE FORM CODE FORM CODE FORM CODE FORM CODE FORM CO	el, Esq. Street 90071 - ALPHABETICAL		]	<b>'91</b>	JAN 17 AIO:50  SUZANNE SEAGOREAU RECURDER  OF PART 1 2 DEPUTY SEE INSTRUCTIONS