

900224191 05/25/2012

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	RELEASE BY SECURED PARTY		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Harris Trust and Savings Bank		08/09/2002	IL Chartered Stock Savings Bank:
RECEIVING PARTY DATA			
Name:	Taylor Environmental Instruments L.P.		
Street Address:	2311 W. 22nd Street, Suite 200		
City:	Oak Brook		
State/Country:	ILLINOIS		
Postal Code:	60523		
Entity Type:	LIMITED PARTNERSHIP: DELAWARE		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	0639634	BI-THERM	
Registration Number:	0280982	HUMIDIGUIDE	
Registration Number:	0314945	TAYLOR	
Registration Number:	0626182	TAYLOR	
CORRESPONDENCE DATA			
Fax Number:	2483583351		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	(248) 358-4400		
Email:	marapakis@brookskushman.com		
Correspondent Name:	Matthew M. Jakubowski		
Address Line 1:	1000 Town Center, 22nd Floor		
Address Line 4:	Southfield, MICHIGAN 48075-1238		
ATTORNEY DOCKET NUMBER:	TPP 0282 A		

CH \$115.00 0639634

700487314

TRADEMARK
 REEL: 004800 FRAME: 0148

08/09/02 09:11 P.010/013

Harris Trust and Savings Bank

Bank's prime commercial rate or in the amount outstanding under the Loan Documents (this letter assumes no changes will be made in the outstanding principal amount of the loans on or after the date of this letter) and, for that reason, you should confirm with us on the date of payment the current pay-off amount then due.

Upon receipt of (i) an executed counterpart of this letter from you, and (ii) the Pay-off Amount on or before the Payment Time by Federal reserve wire transfer in the amount set forth above to Harris Trust and Savings Bank (reference ABA no. 071000288 for credit to A/C#109-215-4, Reference: Taylor Environmental) for application to the Pay-Off Amount obligations referred to above, all indebtedness of Borrower to the Bank under the Loan Documents (other than obligations for indemnities which, by the express terms of the Loan Documents, survive the termination of the credit facilities) shall be paid in full, the credit facilities extended to the Borrower under the Loan Documents shall terminate (and thereafter Borrower shall not have the right to obtain additional credit from the Bank under the Loan Documents), the security interest of the Bank in the property of the Borrower granted to it under the Loan Documents shall be released and terminated (other than any interest we may have in the Borrower's deposit accounts with the Bank so long as any such accounts remain open or any obligations are owing to the Bank with respect thereto), and we shall execute and deliver to you applicable UCC-3 termination statements to release our liens on such property of the Borrower and shall take such other action as the Borrower may reasonably request, and at the Borrower's expense, to release any such liens held by the Bank on such property of the Borrower.

In connection with the payoff of your obligations owing to us, you have also requested that we consent to the prepayment of certain subordinated debt owing by you to Scott Technologies, Inc. (f/k/a Figgle International Inc.), pursuant to the terms of a consent letter in the form attached hereto as Exhibit A (the "Consent Letter"). Upon repayment of all of your obligations owing to us and satisfaction of the conditions set forth in the paragraph above, we agree to execute and deliver to you the Consent Letter.

This letter supercedes any prior pay-off letters heretofore delivered by us to you.

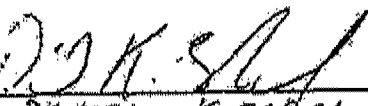
Very truly yours,

HARRIS TRUST AND SAVINGS BANK

By

Name

Title


DANIEL K. SABOL
VICE PRESIDENT

Wholly owned subsidiary of Harris Bankcorp, Inc.

TRADEMARK
REEL: 004800 FRAME: 0149

Received: 8/9/2 1:58PM:

-> HOMEDIOS INC; Page 2

AUG. 9. 2002 12:54PM CHAPMAN AND CUTLER

NO. 6261 P. 2/13

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OR CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1b: THE FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

1a. INITIAL FINANCING STATEMENT FILE # 3744824 9/29/97

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party. Marking this Termination Statement continued for the additional period provided by applicable law.

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 (all or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; also give name of assignor 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 6 or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.

DELETE name: Give record name to be deleted in item 6a or 6b.

ADD name: Complete item 7a or 7b and also item 7c; also complete item 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME METRO CORPORATION	FIRST NAME	MIDDLE NAME	SUFFIX
OR 6b. INDIVIDUAL'S LAST NAME			

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OR 7b. INDIVIDUAL'S LAST NAME			
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
		COUNTRY	
7d. TAXID #: BEN OR EIN	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, If any <input type="checkbox"/> NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire revised collateral description, or describe collateral encumbered.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME HARRIS TRUST AND SAVINGS BANK	FIRST NAME	MIDDLE NAME	SUFFIX
OR 9b. INDIVIDUAL'S LAST NAME			

10. OPTIONAL FILER REFERENCE DATA
To be filed with the Secretary of State of Illinois

MAILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM 11002) (REV. 07/2001)

Received: 8/ 9/ 2 1:59PM;

-> HOMEDICA INC; Page 3

AUG. 9. 2002 12:55PM CHAPMAN AND CUTLER

NO. 6261 P. 3/13

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. INITIAL FINANCING STATEMENT FILE # **2001008993-5** 10/19/01

14. THE FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the **REAL ESTATE RECORDS**

- 2. **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 continues with respect to security interest(s) of the Secured Party authorizing this Continuation Statement.

4. **ASSIGNMENT (full or partial):** Give name of assignor in Item 7a or 7b and address of assignor in Item 7c; and also give name of assignee in Item 7.

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: **CHANGE name and/or address:** Give current record name in Item 6a or 6b; also give new name (if name changed) in Item 7a or 7b and/or new address (if address changed) in Item 7c. **DELETE name:** Give record name to be deleted in Item 6a or 6b. **ADD name:** Complete Item 7a or 7b, and also Item 7c, also complete Items 7d-7g if applicable.

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME
Metro Corporation

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

7d. TAX ID #: SSN OR EIN

APPL INFO RE ORGANIZATION DEBITOR

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID, if any NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box

Describe collateral deleted or added, or give entire revised collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (Name of assignor, if this is an Assignment; if this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Creditor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this AMENDMENT.

9a. ORGANIZATION'S NAME
Harris Trust and Savings Bank

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**

To be filed with the Secretary of State of Nevada

Received: 8/ 9/ 2 1:58PM

-> HOMEDICES INC; Page 4

AUG. 9. 2002 12:55PM CHAPMAN AND CUTLER

NO. 6261 P. 4/13

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

This FINANCING STATEMENT AMENDMENT is to be filed (for records) (for records) in the PUBLIC STATE RECORDS.

1. INITIAL FINANCING STATEMENT FILE # 971015040 10/15/97

2. **TERMINATION:** This Amendment of the Financing Statement identified above is authorized with respect to security interest(s) of the Secured Party authorizing the Termination Statement.

3. **CONTINUATION:** This Amendment of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing the Continuation Statement is authorized for the additional period provided by applicable law.

4. **ASSIGNMENT (all or part):** Give name of assignee in Item 7a or 7b and address of assignee in Item 7c; and also give name of Assignor in Item 8.

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 Items 6 through 7.

CHANGE name and/or address: Give current record name in Item 6a or 6b; also give new name of name change in Item 7a or 7b and/or new address (if address changed in Item 7c).

DELETE name: Give record name to be deleted in Item 6a or 6b.

ADD name: Complete Item 7a or 7b, and also Item 7c also complete Items 7d-7f (if applicable).

6. CURRENT RECORD INFORMATION

6a. ORGANIZATION'S NAME

Metro Corporation

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

7d. TAX ID #, EIN OR EIN

ADMT. INFO RE ORGANIZATION DEBTOR

7e. TYPE OF ORGANIZATION

SUBDIVISION OF ORGANIZATION

7f. ORGANIZATIONAL ID# (any)

NCBE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral changed or added, or give entire re-assessed collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment; if this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment)

9a. ORGANIZATION'S NAME

Harris Trust and Savings Bank

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

To be filed with the Secretary of State of New Mexico

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT FORM (UCC9) (REV. 07/2000)

Received: 8/ 9/ 2 2:01 PM

-> HOMEDICS INC; Page 5

AUG. 9. 2002 12:58PM CHAPMAN AND CUTLER

NO. 6261 P. 5/13

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.

1a. INITIAL FINANCING STATEMENT FILE #

1504722

9/29/97

THE FINANCING STATEMENT AMENDMENT is to be filed (for recording) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Explicitly stated in the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Subsequent to the Financing Statement identified above, with respect to security interest(s) of the Secured Party authorizing this Continuation Statement.

4. **ASSIGNMENT (all of part):** Give name of assignee in Item 7a or 7b and surname of assignee in Item 7c and 7d. Give name of assignor in Item 8.

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 6a and 7:

CHANGE name and/or address: Give current record name in Item 6a or 6b, also give new name (if name changed) in Item 7a or 7b and/or new address (if address changed) in Item 7c.

CHANGE name: Give record name to be deleted in Item 6a or 6b.

ADD name: Complete Item 7a or 7b, and also Item 7c. Also complete Items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION

6a. ORGANIZATION'S NAME

Metro Corporation

OR

6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

7d. TAX ID: SSN OR EIN

7e. TYPE OF ORGANIZATION
ADD INFO RE: ORGANIZATION DEBTOR

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL T.O. If any

NONE

8. **AMENDMENT (COLLATERAL CHANGE):** Check only one box.

Describe collateral deleted or added, or give entire revised collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment; if this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.)

9a. ORGANIZATION'S NAME

Harris Trust and Savings Bank

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

To be filed with the Secretary of State of North Carolina

FILING OFFICE COPY -- NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC/FIN) (REV. 07/98/PA)

Received: 8/ 9/ 2 2:01PM;

-> HOMEDICS INC; Page 6

AUG. 9. 2002 12:58PM CHAPMAN AND CUTLER

NO. 6261 P. 6/13

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.

1c. INITIAL FINANCING STATEMENT FILE # 16681 10/2/98

1b. THE FINANCING STATEMENT AMENDMENT IS TO BE FILED (or RECORDED) IN THE REAL ESTATE RECORDS

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party originating this Continuation Statement if

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party, suspending this Continuation Statement if continued for the additional period provided by applicable law.

4. ASSIGNMENT (for or parties): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 7.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of those two boxes.

Also check one of the following from boxes. Add 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 name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME
Metro Corporation

OR

6b. INDIVIDUAL'S LAST NAME

FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME

FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. TAX ID #: SSN OR EIN

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID#, if any NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box:
Describe collateral deleted or added, or give entire retained collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment. If this is an Amendment authorized by a Debtor which adds collateral or alters the authorizing PARTIES, or if this is a Termination authorized by a Debtor, check here) and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
Harris Trust and Savings Bank

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA
To be filed with the County of El Paso, Texas (UCC Records)

FILED OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM 1102) (REV. 07/99)

Received: 8/ 8/ 2 2:02PM:

-> HOMEDIOS INC; Page 7

AUG. 9. 2002 12:59PM CHAPMAN AND CUTLER

NO. 6261 P. 7/13

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE# 11276836 10/19/01

1b. THE FINANCING STATEMENT AMENDMENT IS TO BE FILED (NOT REPEATED) IN THE REAL ESTATE RECORD.

2. **TERMINATION:** Extinction of the Financing Statement identified above (as permitted) with respect to security interest(s) of the Secured Party authorizing the Termination Statement.

3. **CONTINUATION:** Extinction of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorized the Continuation Statement (continued for the additional period provided by applicable law).

4. **ASSIGNMENT (all or part):** Give name of assignee in item 7a or 7b and address of assignee in item 7c and also give name of assignor in item 8.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor 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 name (if name change) in item 7a or 7b under new address (if address change) in item 7c.

DELETE name: Only record name to be deleted (item 6a or 6b).

ADD name: Complete item 7a or 7b, and also item 7c and complete item 7d-7e (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME
Taylor Precision Products, L.P.

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX
------------	-------------	--------

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX
------------	-------------	--------

7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
------	-------	-------------	---------

7d. TAXIDEN: SEN OR EIN

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID, if any NONE

8. **AMENDMENT (COLLATERAL CHANGE):** Check only one box.

Describe collateral deleted or added, or give entire related collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or ends the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
Harris Trust and Savings Bank

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX
------------	-------------	--------

10. **OPTIONAL FILER REFERENCE DATA:**

To be filed with the Secretary of State of Delaware

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM 1102) (REV. 11/2001)

Received: 8/9/2 2:02PM

-> HOMEDIOS INC; Page 8

AUG. 9. 2002 12:59PM

CHAPMAN AND CUTLER

NO. 6261 P. 8/13

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY
A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

98-195734

9/30/98

1b. THIS FINANCING STATEMENT AMENDMENT IS TO BE FILED (FOR RECORD) OR RECORDED IN THE REAL ESTATE RECORDS.

2. **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 assignor in Item 7a or 7b and address of assignor in Item 7c; and also give name of assignee in Item 8.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor 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 7.
 CHANGE name and/or address: Give current record name in Item 6a or 6b; also give new name (if name change) in Item 7a or 7b and/or new address (if address change) in Item 7c. **DELETE name:** Give record name to be deleted in Item 6a or 6b. **ADD name:** Complete Item 7a or 7b, and also Item 7c; also complete Item 8 (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME Metro Corporation			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS:		CITY	STATE PORTAL CODE COUNTRY

7d. TAX ID#? SOB OR EIN	ADP INFO FOR ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE
-------------------------	----------------------------------	--------------------------	----------------------------------	---------------------------------	-------------------------------

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
Description collateral deleted or added, or give entire revised collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this term Amendment is authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check this and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME Harris Trust and Savings Bank			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

To be filed with the Secretary of State of Texas

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC9A) (REV. 07/98/RA)

Received: 8/9/2 2:03PM;

-> HOMEDIOS INC; Page 8

AUG. 9. 2002 1:00PM CHAPMAN AND CUTLER

NO. 6261 P. 9/13

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. INITIAL FINANCING STATEMENT FILE# **97U3398** **9/29/97** The FINANCING STATEMENT AMENDMENT is to be filed (or re-filed) (or recorded) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectuates the Financing Statement identified above if completed with relation to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectuates the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement.

4. **ASSIGNMENT (all or part):** 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.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor 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 7.
 CHANGE name and/or address: Give county record name in item 6a or 6b; also give new name (if name changed) in item 7a or 7b and/or new address (if address changed) in item 7c.
 DELETE name: Give debtor name to be deleted in item 6a or 6b.
 ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME
TAYLOR PRECISION PRODUCTS, L.P.

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX
------------	-------------	--------

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX
------------	-------------	--------

7c. MAILING ADDRESS:

CITY	STATE	POSTAL CODE	COUNTRY
------	-------	-------------	---------

7d. TAX ID #: SSN OR EIN

7e. TYPE OF ORGANIZATION: ADDL INFO RE ORGANIZATION OTHER

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL I.D. NO. NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
 Describe collateral deleted or added; or give entire restored collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of debtor if this is an Assignment). If this is an Assignment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and give name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
HARRIS TRUST AND SAVINGS BANK

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX
------------	-------------	--------

10. **OPTIONAL FILER REFERENCE DATA**
 To be filed in DuPage County, Illinois (UCC Records)

FILING OFFICE COPY -- NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM 1100A) (REV. 07/20/01)

Received: 8/ 8/ 2 2:03PM;

HOMEDIOS INC; Page 10

AUG. 9. 2002 1:00PM

CHAPMAN AND CUTLER

NO. 6261

P. 10/13

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

THIS FINANCING STATEMENT AMENDMENT IS TO BE FILED (for records) (or recorded) IN THE PUBLIC STATE RECORDS

1a. INITIAL FINANCING STATEMENT FILE # 970929101 9/29/97

2. **TERMINATION:** Effectiveness of the financing statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

2. **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 part):** 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.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor 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 through 7.
 CHANGES: Give current record name in item 6a or 6b; also give new name if name change in item 7a or 7b and/or new address if address change in item 7c. **DELETE name:** Give record name to be deleted in item 6a or 6b. **ADD name:** Complete item 7a or 7b, and also item 7c; also complete items 7d-7g, if applicable.

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME
Taylor Precision Products, L.P.

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS

CITY STATE POSTAL CODE COUNTRY

7d. TAX ID# SSN OR EIN

7e. TYPE OF ORGANIZATION
ADDITIONAL RE: ORGANIZATION DEBTOR

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID#, if any NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
Describe collateral: defined as added, or give entire detailed collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OR RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here: and give name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
Harris Trust and Savings Bank

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA
To be filed with the Secretary of State of New Mexico

Received: 8/ 9/ 2 2:04PM;

AUG. 9. 2002 1:01PM CHAPMAN AND CUTLER

HOMEDIOS INC; Page 11

NO. 6261 P. 11/13

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1b. THE FINANCING STATEMENT AMENDMENT is to be filed for records (or recorded) in the REAL ESTATE RECORDS.

1a. INITIAL FINANCING STATEMENT FILE # 98-195733 9/30/98

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the Debtor (debtor(s) of the Secured Party submitting this Termination Statement).

3. CONTINUATION: Effectiveness of the Financing Statement identified above will extend to security interest(s) of the Secured Party submitting this Continuation Statement as 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.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor 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 7:
 CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name if name changed in item 7a or 7b and/or new address if address changed in item 7c.
 DELETE name: Give record name to be deleted in item 6a or 6b.
 ADD name: Check items 6a or 6b, and item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME Taylor Precision Products, L.P.	FIRST NAME	MIDDLE NAME	SUFFIX
OR 6b. INDIVIDUAL'S LAST NAME			

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OR 7b. INDIVIDUAL'S LAST NAME			
7c. MAILING ADDRESS:	CITY	STATE	POSTAL CODE
7d. TAX ID #1, EIN OR EIN	7e. TYPE OF ORGANIZATION ADD LINE FOR ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor if by an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME Harris Trust and Savings Bank	FIRST NAME	MIDDLE NAME	SUFFIX
OR 9b. INDIVIDUAL'S LAST NAME			

10. OPTIONAL FILER REFERENCE DATA
To be filed with the Secretary of State of Texas
FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM 1102) (REV. 07/09/04)

Received: 8/9/2 2:04PM;

-> HOMEDIOS INC; Page 12

AUG. 9. 2002 1:01PM CHAPMAN AND CUTLER

NO. 6261 P. 12/13

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY.

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.

17. INITIAL FINANCING STATEMENT FILE # **16682** **10/2/98**

TO: THE FINANCING STATEMENT AMENDMENT IS TO BE FILED (for record) (or recorded) in the REAL ESTATE RECORDS.

- 2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interests of the Secured Party appearing in the Termination Statement.
- 3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorized in the Continuation Statement is continued for the additional period provided by applicable law.
- 4. **ASSIGNMENT (JULI 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 8.
- 5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor 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 name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.
 - DELETE name:** Give record name to be deleted in item 6a or 6b.
 - ADD name:** Complete item 7a or 7b, and give item 7c as appropriate (item 7d-7e if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME
Taylor Precision Products, L.P.

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY

7d. TAX ID #: BEN OR EIN ADD INFO RE ORGANIZATION 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID, if any NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
 Describe collateral: deleted or added, or give entire revised collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment; if this is an Amendment authorized by a Debtor which adds collateral or adds the existing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
Harris Trust and Savings Bank

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**
To be filed with the County of El Paso, Texas (UCC Records)

FILING OFFICE COPY—NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM 1002) (REV. 07/2000)

Received: 8/ 9/ 2 2:05PM;

-> HOMEDICS INC; Page 13

AUG. 9. 2002 1:02PM

CHAPMAN AND CUTLER

NO. 6261 P. 13/13

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OR CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 97-985 9/28/97

1b. THE FINANCING STATEMENT AMENDMENT IS TO BE FILED IN THE REAL ESTATE RECORDS

2. **TERMINATION:** Effectiveness of the Financing Statement described above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement described 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 (LA 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 8.

5. **AMENDMENT (PARTY INFORMATION):** The 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 name (if name changed) in item 7a or 7b and/or new address (if address changed) in item 7c.

DELETE name: Give record name to be deleted in item 6a or 6b.

ADD name: Complete item 7a or 7b, and also item 7c; also complete item 7d or 7e (if applicable).

6. **CURRENT RECORD INFORMATION**

6a. ORGANIZATION'S NAME
Taylor Environmental

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME MIDDLE NAME SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME

7c. MAILING ADDRESS

FIRST NAME MIDDLE NAME SUFFIX

CITY STATE POSTAL CODE COUNTRY

7d. TAX ID#; SEN OR EIN

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any

DEBTOR

NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral deleted or added, or give entire revised collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** (name of assignor, if any (see Assignments); if this is an Amendment authorized by a Debtor which secures collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
Harris Trust and Savings Bank

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME MIDDLE NAME SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**
To be filed in Henderson County, North Carolina (UCC Records)

FILE IN FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM 1102) (REV. 07/01/01)