

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM462157

|   |                                       |                       |                                  |
|---|---------------------------------------|-----------------------|----------------------------------|
| <b>SUBMISSION TYPE:</b>   | NEW ASSIGNMENT                        |                       |                                  |
| <b>NATURE OF CONVEYANCE:</b>  | RELEASE OF SECURITY INTEREST          |                       |                                  |
| <b>CONVEYING PARTY DATA</b>   |                                       |                       |                                  |
| <b>Name</b>   | <b>Formerly</b>                       | <b>Execution Date</b> | <b>Entity Type</b>               |
| Harris Trust and Savings Bank   |                                       | 08/09/2002            | IL Chartered Stock Savings Bank: |
| <b>RECEIVING PARTY DATA</b>   |                                       |                       |                                  |
| <b>Name:</b>  | Taylor Environmental Instruments L.P. |                       |                                  |
| <b>Street Address:</b>  | 2311 W. 22nd Street, Suite 200        |                       |                                  |
| <b>City:</b>  | Oak Brook                             |                       |                                  |
| <b>State/Country:</b>   | ILLINOIS                              |                       |                                  |
| <b>Postal Code:</b>   | 60523                                 |                       |                                  |
| <b>Entity Type:</b>   | Limited Partnership: DELAWARE         |                       |                                  |
| <b>PROPERTY NUMBERS Total: 1</b>  |                                       |                       |                                  |
| <b>Property Type</b>  | <b>Number</b>                         | <b>Word Mark</b>      |                                  |
| <b>Registration Number:</b>   | 0198350                               | TEMPRITE              |                                  |
| <b>CORRESPONDENCE DATA</b>  |                                       |                       |                                  |
| <b>Fax Number:</b>  | 2483583351                            |                       |                                  |
| <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i> |                                       |                       |                                  |
| <b>Phone:</b>   | 2483584400                            |                       |                                  |
| <b>Email:</b>   | marapakis@brookskushman.com           |                       |                                  |
| <b>Correspondent Name:</b>  | Matthew M. Jakubowski                 |                       |                                  |
| <b>Address Line 1:</b>  | 1000 Town Center, 22nd Floor          |                       |                                  |
| <b>Address Line 4:</b>  | Southfield, MICHIGAN 48075            |                       |                                  |
| <b>ATTORNEY DOCKET NUMBER:</b>  | TPP0282A                              |                       |                                  |
| <b>NAME OF SUBMITTER:</b>   | Matthew M. Jakubowski                 |                       |                                  |
| <b>SIGNATURE:</b>   | /matthew m jakubowski/                |                       |                                  |
| <b>DATE SIGNED:</b>   | 02/14/2018                            |                       |                                  |
| <b>Total Attachments: 17</b>  |                                       |                       |                                  |
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Harris Trust and  
Savings Bank

111 West Monroe Street  
P.O. Box 755  
Chicago, Illinois 60690-0755

08/09/02 09:10 P.009/013  
Telephone (312) 461-2121



PAY-OFF LETTER

August 7, 2002

Taylor Precision Products, L.P.  
Metro Corporation  
2311 W. 22<sup>nd</sup> Street, Suite 103  
Oak Brook, Illinois 60521

Attention: Donald Herbert

Re: Pay-Off of Credit Facilities Extended to Taylor Precision Products, L.P.  
and Metro Corporation (collectively, the "Borrower")

Gentlemen:

This letter confirms the amount of the Borrower's indebtedness due to Harris Trust and Savings Bank (the "Bank") as of August 9, 2002, under the Amended and Restated Loan and Security Agreement between the Borrower and the Bank, dated as of September 25, 1997, as amended (the "Loan Agreement") and the promissory notes delivered thereunder (the "Notes"). For convenience, the Loan Agreement and the Notes are referred to herein collectively as the "Loan Documents".

The total amount of indebtedness due to the Bank under the Loan Documents, if paid on or before 11:00 a.m. (Chicago, Illinois, time) on August 9, 2002 (the "Payment Time"), is \$14,393,580.45 (the "Pay-off Amount"), broken down as follows:

|                      | AMOUNT             |
|----------------------|--------------------|
| Principal on loans   | \$14,242,216.00    |
| Interest             | \$ 62,744.10       |
| Unused Line Fee      | \$ 1,120.35        |
| Acquisition Fee      | \$ 85,000.00       |
| Estimated legal fees | \$ <u>2,500.00</u> |
| TOTAL                | \$14,393,580.45    |

In the event payment is not made on or before the time and date of the Payment Time, the Pay-off Amount shall be increased by an amount equal to \$2,175.89 (representing per diem interest on the loans and advances) for each day the Pay-off Amount remains unpaid (the "Per diem Amount"); provided that the Per diem Amount may change in the event of a change in the

Wholly owned subsidiary of Harris Bankcorp, Inc.

TRADEMARK  
REEL: 006315 FRAME: 0670

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.

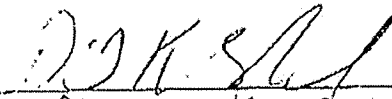
Upon receipt of (i) an executed counterpart of this letter from you, and (ii) the Pay-off Amount on or before the Payment Time by Federal reserve wire transfer in the amount set forth above to Harris Trust and Savings Bank (reference ABA no. 071000288 for credit to A/C#109-215-4, Reference: Taylor Environmental)-for 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 Figgie 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 DANIEL K SABOL  
 Title VICE PRESIDENT

Wholly owned subsidiary of Harris Bankcorp, Inc.

TRADEMARK  
 REEL: 006315 FRAME: 0671

Harris Trust and Savings Bank

Accepted and agreed to as of the date first written above.

TAYLOR PRECISION PRODUCTS, L.P.

By Donald E. Hebert  
Name DONALD E. HERBERT  
Title VP FINANCE + CFO

METRO CORPORATION

By Donald E. Hebert  
Name DONALD E. HERBERT  
Title VP FINANCE + CFO

Wholly owned subsidiary of Harris Bankcorp, Inc

CONSENT LETTER

August 9, 2002

Taylor Precision Products, L.P.  
2311 West 22<sup>nd</sup> Street, Suite 103  
Oak Brook, IL 60523  
Attention: Donald Herbert

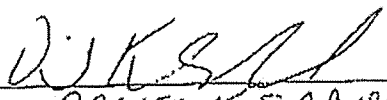
Scott Technologies, Inc.  
4420 Sherwin Road  
Willoughby, OH 44094  
Attention: Steven L. Siemborski

Reference is made to (i) the Intercreditor and Subordination Agreement (the "Subordination Agreement"), dated November 25, 1996, among Harris Trust and Savings Bank (the "Lender"), Figgie International Inc. (n/k/a Scott Technologies, Inc., "Scott") and Taylor Environmental Instruments, L.P. (n/k/a Taylor Precision Products, L.P., "Taylor"); (ii) the subordinated promissory note (the "Note") in the original principal amount of \$2,500,000 dated November 25, 1996, issued by Taylor to Scott; and (iii) the Letter Agreement dated May 6, 2002, by and among Scott and Taylor, a copy of which has heretofore been furnished to us by you (the "Letter Agreement").

Pursuant to Section 2 of the Subordination Agreement, the undersigned authorized officer of Harris Trust and Savings Bank hereby gives its consent to the payment of the Payout Amount (as defined in the Letter Agreement) by Taylor to Scott pursuant to the Letter Agreement.

Very truly yours,

HARRIS TRUST AND SAVINGS BANK

By   
Name DANIEL K. SABOC  
Title Vice President

Law Offices of

CHAPMAN AND CUTLER

111 West Monroe Street, Chicago, Illinois 60603  
TWX 910-221-2103 Telex 206281  
FAX: (312) 701-2361  
Telephone (312) 845-3000

FACSIMILE TRANSMISSION

CHAPMAN & CUTLER  
AUG 9 12 48 PM '02  
FAX DEPT.

This transmittal consists of 13 pages including cover page.

Please call (312) 845-3734 if you have any problems with this transmission.

Date: August 9, 2002

| Name           | Company                 | Fax Number   | Confirm Number |
|----------------|-------------------------|--------------|----------------|
| Will Hoy       | McDermott, Will & Emery | 984-7700     | 984-2117       |
| Chris Jandacek |                         | 248-863-3101 |                |

Check here if you want a call placed to confirm receipt:

From: Steven Hastings Matter Number: 1491463

Initials: SGH Extension: 2958

Comments: *Following are UCC termination statements prepared by our office based on the UCC information furnished to us by the Bank. These termination statements are not to be released or recorded until the Bank or our firm on behalf of the Bank confirms in writing the Bank's receipt of the payoff pursuant to its August 7 payoff letter.*

NOTICE OF CONFIDENTIALITY: The information contained in this facsimile transmission is confidential information which may contain information that is legally privileged and exempt from disclosure under applicable law. The information is intended solely for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this facsimile transmission is strictly prohibited. If you have received this facsimile transmission in error, please notify us immediately by telephone to arrange for the return of the original transmission to us.

Receipt Confirmed By:

T-Multi-Fax

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 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 # **3744824** **9/29/97**

1b. 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 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 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 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 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**

|            |             |        |
|------------|-------------|--------|
| 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

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

7c. MAILING ADDRESS

7d. TAXID #: SSN OR EIN

ADD'L INFO RE ORGANIZATION DEBTOR

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  restated 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**

|            |             |        |
|------------|-------------|--------|
| 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



# 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 # 2001008993-5 10/19/01

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 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 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.

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### 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      |
| CITY       | STATE                           | POSTAL CODE |
| COUNTRY    | 7g. ORGANIZATIONAL ID #, if any |             |

7c. MAILING ADDRESS

7d. TAX ID #: SSN OR EIN  ADDL INFO RE ORGANIZATION  7e. TYPE OF ORGANIZATION  DEBTOR  7f. JURISDICTION OF ORGANIZATION  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 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 Nevada

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

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

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 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 those 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 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  revised collateral description, or describe collateral  assigned.

B. 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.

8a. ORGANIZATION'S NAME  
Harris Trust and Savings Bank

OR 8b. 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

# 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 SPACES IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 1504722 9/29/97  1b. THIS FINANCING STATEMENT AMENDMENT is to be filed (or 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.

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 **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<br><b>Metro Corporation</b> | 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     |

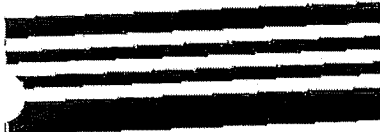
|                          |                                   |                          |                                  |   |
|--------------------------|-----------------------------------|--------------------------|----------------------------------|---|
| 7d. TAX ID #: SSN OR EIN | ADD'L INFO RE 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.  
 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 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<br><b>Harris Trust and Savings Bank</b> | FIRST NAME | MIDDLE NAME | SUFFIX |
| OR 9b. INDIVIDUAL'S LAST NAME                                   |            |             |        |

10. **OPTIONAL FILER REFERENCED DATA**  
 To be filed with the Secretary of State of North Carolina



# 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. ORIGINAL FINANCING STATEMENT FILE # 16681 10/2/98

1b. This FINANCING STATEMENT AMENDMENT is to be filed (or recorded) (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.
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### 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      |
| CITY                | STATE       | POSTAL CODE |
| 7c. MAILING ADDRESS |             | COUNTRY     |

7d. TAX ID #: 56N 09EN

7e. TYPE OF ORGANIZATION  
ADDL INFO RE ORGANIZATION DEBTOR

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 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 County of El Paso, Texas (UCC Records)

# 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. 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 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 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 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.
- ADO 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      |
| CITY       | STATE       | POSTAL CODE |
|            |             | COUNTRY     |

7c. MAILING ADDRESS

7d. TAX ID #: SSN OR EIN

7e. TYPE OF ORGANIZATION  
ADDL. INFO RE ORGANIZATION DEBTOR

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  restated 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 Delaware

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 (or recorded) (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 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 8 and/or 7.

**CHANGE name and/or address:** Give current record name in item 8a or 8b; 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 8a or 8b.  **ADD name:** Complete item 7a or 7b, and 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

7c. MAILING ADDRESS

7d. TAX ID #: SSN OR EIN

ADD'L INFO RE ORGANIZATION DEBTOR

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any

STATE POSTAL CODE COUNTRY

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 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 Texas

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC-9) (REV. 07/98/MA)

# 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 # **97U3398** **9/29/97**

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 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 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 6a 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  
**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      |
| CITY                | STATE       | POSTAL CODE |
| 7c. MAILING ADDRESS |             | COUNTRY     |

7d. TAX ID #: SSN OR EIN

7e. ADDL INFO RE ORGANIZATION DEBTOR

7f. TYPE OF ORGANIZATION

7g. JURISDICTION OF ORGANIZATION

7h. ORGANIZATIONAL ID #, if any  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 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 in DuPage County, Illinois (UCC Records)

# 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 # 970929101 9/29/97

1b. 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 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.

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 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 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      |
| CITY       | STATE       | POSTAL CODE |
|            |             | COUNTRY     |

7c. MAILING ADDRESS

7d. TAXID #: 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  restated 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



### 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 # **98-195733**      **9/30/98**

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 authorizing this Continuation 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.
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 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      ADDL. INFO RE ORGANIZATION DEBTOR      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  restated 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 Texas**

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

1. INITIAL FINANCING STATEMENT FILE # 16682 10/2/98

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 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 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 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      |
| CITY                | STATE       | POSTAL CODE |
| 7c. MAILING ADDRESS |             | COUNTRY     |

|                          |                                   |                          |                                  |                                 |                               |
|--------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|-------------------------------|
| 7d. TAX ID #: SSN OR EIN | ADD'L INFO RE 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

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 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 County of El Paso, Texas (UCC Records)

# 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 # 97-985 9/28/97

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 (to 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 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/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  
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

|            |                     |             |
|------------|---------------------|-------------|
| FIRST NAME | MIDDLE NAME         | SUFFIX      |
| CITY       | STATE               | POSTAL CODE |
| COUNTRY    | 7c. MAILING ADDRESS |             |

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  restated 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 in Henderson County, North Carolina (UCC Records)

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/99/9A)