| B. SEND ACKNOWLEDGMENT TO: (Name and Address) RETURN TO: INTERCOUNTY CLEARANCE CORP. 111 WASHINGTON AVENUE ALBANY, NY 12210 | | | | |
|--|--|---------------|-----------------------------------|-----------|
| INTERCOUNTY CLEARANCE CORP. 111 WASHINGTON AVENUE | | | | |
| INTERCOUNTY CLEARANCE CORP. 111 WASHINGTON AVENUE | | | | |
| | | | | |
| <u> </u> | THE ABOVE S | PACE IS FO | R FILING OFFICE US | E ONLY |
| DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or | | | | |
| 1a ORGANIZATION'S NAME | • | | | |
| Lloyds TSB Bank plc | FIRST NAME | MIDDLE | NAME | SUFFIX |
| | | | | |
| 1c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | USA |
| 1251 Avenue of the Americas | New York | NY 10.0864 | 10020 ANIZATIONAL ID #, if any | USA |
| 1d. TAX (D #: SSN OR EIN ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION COrporation | England | , - | 293017 | NONE |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de | <u> </u> | | | NONE |
| 2a. ORGANIZATION'S NAME | But Harro (22 of 25) do not describe of comme | | | |
| Lloyds TSB Bank plc, New York Branch | | 1 | | ISUFFIX |
| OR 25. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
| | CITY | STATE | POSTAL CODE | COUNTRY |
| 2c. MAILING ADDRESS 1251 Avenue of the Americas | New York | NY | 10020 | USA |
| 2d, TAX ID # SSN OR EIN ADD'L INFO RE 2e, TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | | ANIZATIONAL ID#, if any | |
| organization Corporation | England | C12 | 93017 | NONE |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR | S/P) - insert only one secured party name (3a or 3 | o) | | <u> </u> |
| 3a, ORGANIZATION'S NAME | | | | |
| Federal Reserve Bank of New York | FIRST NAME | IMIDDLE | NAME | SUFFIX |
| 3D. INDIVIDUALS EAST NAME | | | | |
| 3c, MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 33 Liberty Street | New York | NY | 10045 | USA |
| 4. This FINANCING STATEMENT covers the following collateral: | | | | |
| All accounts, chattel paper, inventory, equipment | , instruments, investment pr | operty, | general intangi | ibles, |
| documents, and all assets now owned or hereafter | r acquired that are identified | , from ti | me to time, by | Debtor to |

supporting obligations pertaining to the foregoing, and all proceeds thereof.

| | <u> </u> | 93 |
|---|-------------|-------------------|
| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER | AG. LIEN | NON-UCC FILING |
| 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [if applicable] [ADDITIONAL FEE] [optional] | All Debtors | Debtor 1 Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA | , | , |
| Lloyds Bank: 2002 Initial Filing - Washington DC (F) | | |

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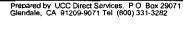
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| a. INITIAL FINANCING STATEMENT FILE # 2002091359 07-AUG-2002 SS DC TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interests. | | | |
|---|--|--|-------------------|
| NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-4141 SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 718316 FEDERAL RESER UCC Direct Services 11642370 P.O. Box 29071 Glendale, CA 91209-9071 DCDC INITIAL FINANCING STATEMENT FILE # 2002091359 07-AUG-2002 SS DC TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to securty interests. | | | |
| Phone (800) 331-3282 Fax (818) 662-4141 SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 718316 FEDERAL RESER UCC Direct Services 11642370 P.O. Box 29071 Glendale, CA 91209-9071 DCDC THINITIAL FINANCING STATEMENT FILE # 2002091359 07-AUG-2002 SS DC TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interests. | | | |
| SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 718316 FEDERAL RESER UCC Direct Services 11642370 P.O. Box 29071 Glendale, CA 91209-9071 INITIAL FINANCING STATEMENT FILE # 2002091359 07-AUG-2002 SS DC TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interests. | | | |
| UCC Direct Services 11642370 P.O. Box 29071 Glendale, CA 91209-9071 INITIAL FINANCING STATEMENT FILE # 2002091359 07-AUG-2002 SS DC TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interests. | | | |
| P.O. Box 29071 Glendale, CA 91209-9071 INITIAL FINANCING STATEMENT FILE # 2002091359 07-AUG-2002 SS DC TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interes | | | |
| Glendale, CA 91209-9071 INITIAL FINANCING STATEMENT FILE # 2002091359 07-AUG-2002 SS DC TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interests. | | | |
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| 2002091359 07-AUG-2002 SS DC TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interests. | ИЬ ~ | IS FOR FILING OFFICE L | JSE ONLY |
| | to b | is FINANCING STATEMENT to filed (for record) (or record). | |
| | | | rmination Stateme |
| [X] CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the continued for the additional period provided by applicable law. | | | |
| ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also | so give name of | assignor in item 9 | |
| ASSIGNMENT (rull or partial): Give name or assignee in item 7a or 7b and address or assignee in 7c; and all AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check | • | | |
| 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. | | ADD name: Complete iter item 7c; also complete ite | |
| CURRENT RECORD INFORMATION: | | | |
| 69 ORGANIZATION'S NAME LLOYDS TSB BANK PLC | | | |
| 6b. INDIVIDUAL'S LAST NAME FIRST NAME | MIDDLE | NAME | SUFFIX |
| CHANGED (NEW) OR ADDED INFORMATION: | | | |
| 7a. ORGANIZATION'S NAME | | | |
| 7b. INDIVIDUAL'S LAST NAME FIRST NAME | MIDDLE I | MIDDLE NAME | |
| | | | |
| MAILING ADDRESS CITY | STATE | POSTAL CODE | COUNTRY |
| SEE INSTRUCTION ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION | 7g. ORGA | 7g. ORGANIZATIONAL ID #, if any | |
| ORGANIZATION DEBTOR | | | □ NO |
| MENDMENT (COLLATERAL CHANGE): check only one_box. | | | |
| Describe collateral deleted or added, or give entire restated collateral description, or describe collateral | assigned. | | |
| | | | |
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| | | | y a Debtor which |
| NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assign adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name | nment). If this is an of DEBTOR authori | izing one Amendment. | |
| | | izing one Amendment. | |

9900999943 - FG - Continuation

10. OPTIONAL FILER REFERENCE DATA 11642370 Debtor Name: LLOYDS TSB BANK PLC

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| Doc# 2007694932 | Doc# 2007694932 | Doc# 2007694932 | Dock 2007696 | Dock 20076