

		County Auditor
JCC FINANCING STATEMENT AMENDMENT	11/19/2003 Page	1 of 1 2:52PN
OLLOW INSTRUCTIONS (front and back) CAREFULLY		
A NAME & PHONE OF CONTACT AT FILER (optional)		
SEND ACKNOWLEDGMENT TO: (Name and Address)		
		
Please return to:	1	
CT Corporation Systems	İ	
Attn: Cathy Kelley		
17 South High Street	[
Suite 1100	,	
Columbus OH 43215	THE ABOVE SPACE IS FOR FILL	NG OFFICE HEE ANI V
B. INITIAL FINANCING STATEMENT FILE #		ICING STATEMENT AMENDMENT IS
200310160103 (filed 10/16/2003)		for record) (or recorded) in the ATE RECORDS.
TERMINATION: Effectiveness of the Financing Statement identified above is terminated w		
CONTINUATION: Effectiveness of the Financing Statement identified above with respec		
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 ass	ignee in item 7c; and also give name of assignor in item 9	
. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of 🗶 S		(es
Also check one of the following three boxes and provide appropriate information in Rema 6 and/or		Complete item 7a or 7b, and also item 7c;
CHANGE name and/or address. Please refer to the detailed instructions in regards to changing the name/address of a party.	Ename: Give record name eleted in item 6a or 6b. ADD name: C also complete	items 7e-7g (if applicable)
. CURRENT RECORD INFORMATION:		
68. ORGANIZATION'S NAME		
SMBC Investment Leasing LLC 66. INDIVIOUAL'S LAST NAME FIRST NAME	ME MIDDLE NAME	SUFFIX
No. individual Control of the Contro		l
CHANGED (NEW) OR ADDED INFORMATION:		
7a. ORGANIZATION'S NAME		
SMBC Leasing Investment LLC		
7b. INDIVIDUAL'S LAST NAME FIRST NA	ME MIDDLE NAME	SUFFIX
		STAL CODE _ COUNTRY
C MAILING ADDRESS CITY	YACK STATE POS	COUNTRY 115A
74 SEEINSTRUCTIONS ADD'L NIFO RE 78, TYPE OF ORGANIZATION 71. JURISI	DICTION OF ORGANIZATION 78, ORGANIZA	TIONAL D # if any
ORGANIZATION	SOLONO ORONIEZADO	NONE
DEBTOR		NONE
 AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral description 	or describe collateral Cassioned	
Describe collateraldeleted biaddeb, or give entirerestated collateral added,		da d
and the Dudde	7	
V111639 11196	7	<u> </u>
		in the second se
Date Dark W	1. 2.1. //	
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want in the line	ICAI DEIPHAIL	
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, 	(name of assignor, if this is an Assignment). If this is an Assignment and enter name of DEBTOR authorizing	nenoment authorized by a Debtor which this Amendment
9a, ORGANIZATION'S NAMÉ		
OR 95. INDIVIDUAL'S LAST NAME FIRST NA	ME MIDDLE NAME	E SUFFIX
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10.0PTIONAL FILER REFERENCE DATA
File with Skagit County Auditor