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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) Skagit County Auditor (405) 236-0003 Kelli Cunningham 7/16/2009 Page B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 1 of 111:25AM Anderson, McCoy & Orta PC 100 North Broadway Suite 2600 Oklahoma City, OK 73102 1931.039(Orig No. 1931.039) AMO File No: THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is 1a IN/TIAL FINANCING STATEMENT FILE # to be filed (for record) (or recorded) in the #200605030093 filed 5/3/2006; Skagit County, WA ESTATE RECORDS 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 continued for the additional period provided by applicable law 4. ASSIGNMENT (ui) or partial). Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assigner in item 9. 5. AMENDMENT (PARTY INFORMATION): This amendment affects Debtor or Secured Party of Record. Check only one of those 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 DELETE name: Give record name ADD name: Complete item in 7a or 7b, and also Item 7c; also complete items 7d-7g (if applicable) name (if name change) in item 7s or 7b and/or new address (if address change) in item 7c To be deleted in item 6a or 6b 6. CURRENT RECORD INFORMATION: (DEBTOR) 6a ORGANIZATION'S NAME STRATFORD HALL, INC., a New York corporation FIRST NAME MIDDLE NAME SUFFIX OR 66 INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME BANK OF AMERICA, N.A., AS TRUSTEE FOR THE REGISTERED HOLDERS OF WACHOVIA BANK COMMERCIAL MORTGAGE TRUST, COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2006-C25 SUFFIX MIDDLE NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME 7c MAILING ADDRESS STATE POSTAL CODE COUNTRY 540 West Madison Street, Mail Code IL 4-540-18-04 Chicago 60661 USA g. ORGANIZATIONAL ID #. if any 7d TAX ID #. SSN OR EIN ADD'L INFO RE 17e. TYPE OF ORGANIZATION f. JURISDICTION OF ORGANIZATION ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral Codeleted or Cadded, or give entire Crestated collateral description, or describe collateral cassigned Property Address: 1899 South Burlington Blvd., Burlington TAX PARCEL NO(S)::8048-000-002-0000; 8048-000-003-0000; 8048-000-004-0000; 8048-000-005-0000; 8048-000-006-0000; 8048-000-007-0000; 8048-000-008-0000; 8048-000-009-0000; 8048-000-013-0000; and 8048-000-014-0000; 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 WELLS FARGO BANK, N.A., AS TRUSTEE FOR THE REGISTERED HOLDERS OF WACHOVIA BANK COMMERCIAL MORTGAGE TRUST, COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2006-C25, 1055 10th Avenue SE, Minneapolis, MN 55414

10. OPTIONAL FILER REFERENCE DATA

322006C25 Burlington Crossing