CEND ACIANOMI CO	CONTACT AT FILE					
CT Lien Soluti P.O. Box 2907 Glendale, CA efiling@wolte (Fax)818-662-4	ions 1 91209-9071, USA rskluwer.com	e and Address)				
L						
DEBTOR'S EXACT	FULL LEGAL NAM	E - insert only <u>one</u> debter name (1a	or 1b) - do not abbreviate or combine na	ABOVE SPACE IS FO	OR FILING OFFICE US	SE ONLY
1a. ORGANIZATION'S						
16. INDIVIDUAL'S LAS	INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
MAILING ADDRESS 8195 Sheridan Drive		CITY Buffalo	STATE	POSTAL CODE	COUNTR	
				NY	14221-6002	USA
		1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATI	ION		
	ADD'L INFO RE ORGANIZATION	Corporation	NY			
ADDITIONAL DEBTO	ORGANIZATION DEBTOR	Corporation	NY			
ADDITIONAL DEBTO	ORGANIZATION DESTOR OR'S EXACT FULL	Corporation				
2a. ORGANIZATION'S	ORGANIZATION DESTOR DR'S EXACT FULL NAME	Corporation	NY		NAME	SUFFIX
2a. ORGANIZATION'S	ORGANIZATION DESTOR DR'S EXACT FULL NAME	Corporation	lebtor name (2a or 2b) - do not abbreviat	te or combine names  MIDDLE		
2a. ORGANIZATION'S	ORGANIZATION DESTOR DR'S EXACT FULL NAME	Corporation	NY lebtor name (2a or 2b) - do not abbreviat	te or combine names	NAME POSTAL CODE	
2a. ORGANIZATION'S	ORGANIZATION DEBTOR  DR'S EXACT FULL  NAME  T NAME	Corporation	lebtor name (2a or 2b) - do not abbreviat	te or combine names  MIDDLE  STATE		
2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS MAILING ADDRESS SECURED PARTY	ORGANIZATION DEBTOR  DR'S EXACT FULL  NAME  T NAME  ADD'L INFO RE  ORGANIZATION DEBTOR  'S NAME (or NAME of	Corporation  LEGAL NAME - insert only one of the control of the co	lebtor name (2a or 2b) - do not abbreviat FIRST NAME CITY	MIDDLE STATE		SUFFIX
2a. ORGANIZATION'S  2b. INDIVIDUAL'S LAS  MAILING ADDRESS	ORGANIZATION DEBTOR  DR'S EXACT FULL  NAME  T NAME  ADD'L INFO RE  ORGANIZATION DEBTOR  'S NAME (or NAME of	Corporation  LEGAL NAME - insert only one of the control of the co	Interpretation of Organization	MIDDLE STATE		
2a. ORGANIZATION'S  2b. INDIVIDUAL'S LAS  MAILING ADDRESS  SECURED PARTY  3a. ORGANIZATION'S	ORGANIZATION DEBTOR  DR'S EXACT FULL  NAME  T NAME  ADD'L INFO RE ORGANIZATION DEBTOR  'S NAME (or NAME or	Corporation  LEGAL NAME - insert only one of the control of the co	Interpretation of Organization	MIDDLE STATE	POSTAL CODE	
2a. ORGANIZATION'S  2b. INDIVIDUAL'S LAS  MAILING ADDRESS  SECURED PARTY  3a. ORGANIZATION'S (	ORGANIZATION DEBTOR  DR'S EXACT FULL  NAME  T NAME  ADD'L INFO RE ORGANIZATION DEBTOR  S NAME (or NAME o	Corporation  LEGAL NAME - insert only one of the control of the co	lebtor name (2a or 2b) - do not abbreviat  FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATION ORGA	te or combine names  MIDDLE  STATE  ON  me (3a or 3b)	POSTAL CODE	COUNTR

5. ALTERNATIVE DESIGNATION [if applicable]: X LESSEE/LESSOR		BAILOR SELLER/BUYER	AG. LIEN	NON-UCCFILING
<ol> <li>This FINANCING STATEMENT is to be filed (for record) (or recorded ESTATE RECORDS. Attach Addendum</li> </ol>	in the REAL 7. Check to REQUEST SEAF fif applicable [ADDITIONAL FEE]	RCH REPORT(S) on Debtor(s)	All Debtors D	ebtor 1 Debtor 2
3. OPTIONAL FILER REFERENCE DATA NY-0-40051048-47819730				