FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

| | nd Address of EN EST1 | Reporting Person* | | | | | | | ker or Tr | ading | g Symbol | | | | ationship all appli Directo | cable) | ıg Per | son(s) to Is: | |
|--------------------------------------|---|--|--|----------|------------------------------|---|--|--------|-------------------------------------|---|----------------------|---|--|--------------------------|---|---|---|--|--|
| (Last) 25 FROM | (F NTAGE RO | | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2005 | | | | | | | | | | Officer (give title below) | | Other (specify below) | |
| (Street) | ER M | [A (| 01810 | | 4. If | f Amen | Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | • | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | on-Deriv | <i>r</i> ative | Sec | uriti | ies Ac | quired | l, Di | sposed (| of, or Be | enefici | ally | Owned | t | | | |
| Date | | | 2. Transac Date (Month/Da | | Execution Date, | | Transaction Disp Code (Instr. | | | . Securities Acquired (A) or isposed Of (D) (Instr. 3, 4 a | | | 5. Amou Securiti Benefic Owned Reporte | es ially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code V | | Amount | (A) or (D) | Price | Tran | | ed ction(s) and 4) | | | (Instr. 4) |
| Common | Stock | | | 05/18/ | 2005 | | | | M | | 5,239 | A | \$7. | 15 | 433 | 3,003 | D | | |
| Common | Stock | | | 05/18/ | 2005 | | | | S | | 5,239 | D | \$12.8 | 8031 | 42 | 27,764 D | | | |
| | | Т | able II | | | | | | | | posed of converti | | | | wned | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Dee Execution if any (Month/I | on Date, | 4. Transa Code (8) | | n of | | 6. Date E Expiration (Month/I | on Da | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | De Se (Ir | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amour or Number of Shares | er | | | | | |
| Non- Qualified | \$ 7.15 | 05/18/2005 | | | м | | | 5 230 | (1) | | (2) | Common | 5 230 | | \$0 | 7 857 | | D | |

Explanation of Responses:

Stock

Option

\$7.15

- 1. Granted under the Company's Amended and Restated 2000 Stock Option Plan and vests over a 4 year period
- 2. Each portion of the option expires 30 months after it becomes exercisable.

05/18/2005

/s/Mark A. Glazer, Attorney in 05/19/2005 Fact for Estia J. Eichten

\$<mark>0</mark>

7,857

D

** Signature of Reporting Person Date

5,239

Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

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