


# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|  |                   |
|--|-------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]   |                   |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)  |                   |
| Corporation Service Company<br>801 ADLAI STEVENSON DRIVE<br>Springfield, IL 62703              | SG1<br><b>EWM</b> |
| <br>464611-11 |                   |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|   |                                   |  |                                  |
|---|-----------------------------------|--|----------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>488366 Date: 11/28/1985 B: P:   |                                   | 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. |                                  |
| 2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.  |                                   |  |                                  |
| 3. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.   |                                   |  |                                  |
| 4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  |                                   |  |                                  |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes.<br>Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). |                                   |  |                                  |
| 6. CURRENT RECORD INFORMATION:  |                                   |  |                                  |
| 6a. ORGANIZATION'S NAME<br>VITI, INC.   |                                   |  |                                  |
| OR  | 6b. INDIVIDUAL'S LAST NAME        | FIRST NAME   | MIDDLE NAME SUFFIX               |
| 7. CHANGED (NEW) OR ADDED INFORMATION:  |                                   |  |                                  |
| 7a. ORGANIZATION'S NAME   |                                   |  |                                  |
| OR  | 7b. INDIVIDUAL'S LAST NAME        | FIRST NAME   | MIDDLE NAME SUFFIX               |
| 7c. MAILING ADDRESS   |                                   | CITY   | STATE POSTAL CODE COUNTRY        |
| 7d. SEE INSTRUCTIONS  | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION   | 7f. JURISDICTION OF ORGANIZATION |
| 7g. ORGANIZATIONAL ID #, if any   |                                   |  | <input type="checkbox"/> NONE    |
| 8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.<br>Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.  |                                   |  |                                  |

|   |                            |            |                    |
|---|----------------------------|------------|--------------------|
| 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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment. |                            |            |                    |
| 9a. ORGANIZATION'S NAME<br>Mercedes-Benz USA, LLC   |                            |            |                    |
| OR  | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME SUFFIX |

10. OPTIONAL FILER REFERENCE DATA 71108

RI-Secretary Of State