	G STATEMENT AMENDMEN IS (front and back) CAREFULLY	NT 		
	CONTACT AT FILER [optional] CE Company 1-800-858-5294			
3. SEND ACKNOWLED	GMENT TO: (Name and Address)			
54005369 - 34	18680 - 11/9/2010			
801 Adlai S	n Service Company Stevenson Drive , IL 62703-4261			
L	Filed In: Rhode Island	d (S.O.S.)		
a. INITIAL FINANCING STA	TEMENT FILE #	THE ABOVE	SPACE IS FOR FILING OFFICE 1b. This FINANCING STATE	
	/20/2006		to be filed [for record] (or REAL ESTATE RECORD	r recorded) in the
	ffectiveness of the Financing Statement identified above			
continued for the add	Effectiveness of the Financing Statement identified aboutional period provided by applicable law.	ove with respect to security interest(s) of the Secu	ured Party authorizing this Continuati	ion Statement is
ASSIGNMENT (full	or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name	e of assignor in item 9,	
•	Y INFORMATION): This Amendment affects Do owing three boxes <u>and</u> provide appropriate information in	ebtor <u>or</u> Secured Party of record. Check onli	ly <u>one</u> of these two boxes,	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.		DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7b, and also item 7 also complete items 7e-7g (if applicable).	
CURRENT RECORD IN	FORMATION:		also complete items 7e-7g (ii	аррісавіе).
6a. ORGANIZATION'S	NAME DEBTOR = PJP SERVICES I	NC.		
66. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR				
7a ORGANIZATION'S				
7a. ORGANIZATION'S	NAME			
	<u>-</u>	FIRST NAME	MIDDLE NAME	SUFFIX
75. INDIVIDUAL'S LAS	<u>-</u>			
75. INDIVIDUAL'S LAS	<u>-</u>	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	SUFFIX
75. INDIVIDUAL'S LAS	T NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION			COUNTR
75. INDIVIDUAL'S LAS MAILING ADDRESS SEEINSTRUCTIONS AMENDMENT (COLL	T NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only <u>one</u> box.	CITY 71, JURISDICTION OF ORGANIZATION	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, i	COUNTI
Th. INDIVIDUAL'S LAS The individual'S LAS MAILING ADDRESS SEEINSTRUCTIONS AMENDMENT (COLL Describe collateral deliberation delibera	T NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	CITY 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assign assign IENDMENT (name of assignor, if this is an Assign	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, i	COUNTR
R 7b. INDIVIDUAL'S LAS MAILING ADDRESS SEE INSTRUCTIONS AMENDMENT (COLL Describe collateral deliberation d	ADD'L INFO RE 7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. eleted or added, or give entire restated collate PARTY OF RECORD AUTHORIZING THIS AN authorizing Debtor, or if this is a Termination authorized NAME COMERICA BANK	CITY 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assign assign IENDMENT (name of assignor, if this is an Assign	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, i ed.	COUNTR