_							
_	CC FINANCING STATEMENT AMENDME	NT					
Ā	NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294		m_{co}				
В	E-MAIL CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com SEND ACKNOWLEDGMENT TO: (Name and Address) 92170521 - 358660 Corporation Service Company 801 Adlai Stevenson Drive	nin	D'CO.				
С	SEND ACKNOWLEDGMENT TO: (Name and Address)	CSOM					
ı	92170521 - 358660 filingacht		İ				
	Corporation Service Company	•					
l	Springfield, IL 62703 Filed In: I	Rhode Island					
	_	(S.O.S.)	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY	
	INITIAL FINANCING STATEMENT FILE NUMBER 00501904180 01/06/2005		1b. This F!NANCING STATE (or recorded) in the REAI	MENT AME ESTATE	NDMENT is to be filed (for	record)	
2.	P. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement						
3. [3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8						
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law							
5. PARTY INFORMATION CHANGE:							
Check <u>one</u> of these two boxes: AND Check <u>one</u> of these three boxes to: CHANNEG name and/or address: Complete This Change affects Debtor or Decurred Party of record Item 6a or 6b; and item 7a or 7b and item 7c This Change affects Debtor or Decurred Party of record Item 6a or 6b; and item 7a or 7b and item 7c This Change affects Debtor or Decurred Party of record CHANNEG name and/or address: Complete This Change affects Debtor or Decurred Party of record This Change affects Debtor or Decurred Party of record name and/or address: Complete This Change affects Debtor or Decurred Party of record name and/or address: Complete This Change affects Debtor or Decurred Party of record name and/or address: Complete This Change affects Debtor or Decurred Party of record name and/or address: Complete This Change affects Debtor or Decurred Party of record name and/or address: Complete This Change affects Debtor or Decurred Party of record name and/or address: Complete item 7c This Change affects Debtor or Decurred Party of record name and/or address: Complete item 7c This Change affects Debtor or Decurred Party of record name and/or address: Complete item 7c This Change affects Debtor or Decurred Party of record name and/or address: Complete item 7c This Change affects Debtor or Decurred Party of record name and/or address: Complete item 7c This Change affects Debtor or Decurred Party of record name and/or address item 7c This Change affects Debtor or Decurred Party of record name and/or address item 7c This Change affects Decurred Party of record name and/or address item 7c This Change affects Decurred Party of record name and/or address item 7c This Change affects Decurred Party of record name and/or address item 7c This Change affects Decurred Party of record name and/or address item 7c This Change affects Decurred Party of record name and/or address item 7c This Change affects Decurred Party of record name and/or address item 7c This Change affects Decurred Party of record name and/or address							
6.	CURRENT RECORD INFORMATION: Complete for Party Information Ch. 6a. ORGANIZATION'S NAMEABM Donuts Inc	ange - provide only	one name (6a or 6b)				
-	Sales and the Paris to the Paris and						
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
7.	LECHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	nation Change - provide	only one name (7a or 7b) (use exact, full na	ame; do not or	nit, modify, or abbreviate any part o	f the Debtor's name)	
7a. ORGANIZATION'S NAME							
OR	b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFI					SUFFIX	
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
8. Ī	COLLATERAL CHANGE: Also check one of these four boxes: Also	DD collateral	DELETE collateral F	PESTATE C	overed collateral	ASSIGN collateral	
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral indicate collateral:							
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here Tand and provide name of authorizing Debtor							
	9a. ORGANIZATION'S NAME Santander Bank, N.A. FNA So	vereign Ban	k, N.A.				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
10.	OPTIONAL FILER REFERENCE DATA:0445 Debtor:ABM Do	nuts inc		<u> </u>			
						92170521	