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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS			
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294  B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  92901310 - 358660 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703  Filed In: Rhode Island (S.O.S.)	٦٨		
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92901310 - 358660			
Corporation Service Company			
801 Adlai Stevenson Drive			
Springfield, IL 62703 Filed In: Rhode Island (S.O.S.)			
(**************************************	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		MENT AMENDMENT is to be filed [for	r record]
201008330470 02/09/2010		lendum (Form UCC3Ad) and provide Debt	ors name in item 13
TERMINATION: Effectiveness of the Financing Statement identified above is terminated Statement	with respect to the security interes	st(s) of Secured Party authorizing this	s Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address     For partial assignment, complete items 7 and 9 and also indicate affected collateral in item		f Assignor in item 9	_
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respection continued for the additional period provided by applicable law	ct to the security interest(s) of Secu	ured Party authorizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:	*		
Check one of these two boxes:  AND Check one of these three limits and the control of these three limits are control of these three limits and the control of these three limits are control of the control			
This Change affects Debtor or Secured Party of record CHANGE name and/or item 6a or 6b; and item	raddress: Complete ADD nam n 7a or 7b <u>and</u> item 7c 7a or 7b,	ne: Complete item DELETE name: and item 7c DELETE name: to be deleted in	Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only	y <u>one</u> name (6a or 6b)		
68. ORGANIZATION'S NAMEJOSEPH J. ALTIERI, LTD.			
OR 6b. INDIVIDUAL'S SURNAME FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide     7a. ORĜANIZATION'S NAME	e only <u>one</u> name (7a or 7b) (use exact, full na	me; do not omit, modify, or abbreviate any part	of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAMÉ			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
INDIVIDUAL OF HOLD HOLD HOLD HOLD HOLD HOLD HOLD HOLD			
7c. MAILING ADDRESS CITY		STATE POSTAL CODE	COUNTRY
			1551511 # 1 1
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral R	ESTATE covered collateral	ASSIGN collateral
Indicate collateral:			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:	•	name of Assignor, if this is an Assignm	ent)
If this is an Amendment authorized by a DEBTOR, check here [ ] and provide name of authorized and organization's NAMESantander Bank, N.A. FNA Sovereign Ba			
OR OF DEPARTMENT CHIPMANE	NIA) AJABAT	TADDITIONAL MANIFORMATION	Telletiv
9b. INDIVIDUAL'S SURNAME FIRST PERSO	MAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:0447 Debtor:JOSEPH J. ALTIEF	SI I TD		92901310