<b>1</b>			
UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS			
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294  B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  97916497 - 358660 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703  Filed In: Rhode	COL		
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	D		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
97916497 - 358660	7		
Corporation Service Company 801 Adlai Stevenson Drive			
Springfield, IL 62703 Filed In: Rhode	Island		
(5		E IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		ENT AMENDMENT is to be filed [for	
201008896390 07/27/2010	Filer: <u>attach</u> Amendment Adde	endum (Form UCC3Ad) <u>and</u> provide Debt	• • • • • • • • • • • • • • • • • • • •
TERMINATION: Effectiveness of the Financing Statement identified above is t Statement	erminated with respect to the security interest	(s) of Secured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and For partial assignment, complete items 7 and 9 and also indicate affected collate.		Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified above v continued for the additional period provided by applicable law	with respect to the security interest(s) of Secu	red Party authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:			
Check one of these two boxes:  AND Check one of the CHANGE no	ame and/or address: CompleteADD name	e: Complete itemDELETE name:	Give record name
This Change affects Debtor or Secured Party of record item 6a or 6  6. CURRENT RECORD INFORMATION: Complete for Party Information Change - p		and item 7c to be deleted in	nem 6a or 6p
6a. ORGANIZATION'S NAMEBENCOSME ENTERPRISE, INC.			
OR 6b. INDIVIDUAL'S SURNAME FIRS	ST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<ol> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Cha 7a. ORGANIZATION'S NAME</li> </ol>	ange - provide only <u>one</u> name (7a or 7b) (use exact, fu <b>ll</b> nam	ne; do not omit, modify, or abbreviate any part o	f the Debtor's name)
OR 75 1100 1100 1100 1100 1100 1100 1100 1			
7b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
			Ta
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
7c. MAILING ADDRESS CITY	Y	STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes: ADD colla	ateral DELETE collateral Ri	ESTATE covered collateral	ASSIGN collateral
Indicate collateral:	DEELTE SONGOLUI		TOOTOTT CONDUCTOR
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENU	DMENT: Provide only one name (9a or 9h) (na	ame of Assignor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here and provide name	of authorizing Debtor		
9a. ORGANIZATION'S NAMESantander Bank, N.A. FNA Soverei	gn Bank, N.A.		
OR 9b. INDIVIDUAL'S SURNAME FIRS	ST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: 0467 Debtor: BENCOSME	ENTERPRISE, INC.		97916497