UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	T		
Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 102552869 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rh	COM		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	(0.		
102552869 - 372200	71		
Corporation Service Company 801 Adlai Stevenson Drive			
Springfield, IL 62703 Filed In: Rh	node Island		
L	(S.O.S.)	ACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 490355 12/27/2000	1b. This FINANCING STATE (or recorded) in the REA	MENT AMENDMENT is to be filed [for	record]
TERMINATION: Effectiveness of the Financing Statement identified above Statement			
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 ab continued for the additional period provided by applicable law	ove with respect to the security interest(s) of Se	cured Party authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:			
CHAN		me: Complete itemDELETE name: b, and item 7c to be deleted in	Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Change			
6a. ORGANIZATION'S NAMEMIIIS Coffee Roasting Co.			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	I on Change - provide only <u>one</u> name (7a or 7b) (use exact, full n	L same; do not omit, modify, or abbreviate any part o	f the Debtor's name)
7a. ORGANIZATION'S NAME			
OR 75. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
• COLLATERAL CHANCE: ALL CHANCE	collateral DELETE collateral	DESTATE an and adjusted D	CCICNINoveI
COLLATERAL CHANGE: Also check one of these four boxes: ADD Indicate collateral:	collateral DELETE collateral	RESTATE covered collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	MENDMENT: Provide only one name (9a or 9b) (name of Assignor if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here 🔲 and provide n	ame of authorizing Debtor	The second of th	
9a. ORGANIZATION'S NAMECItizens Bank, N.A. Formally Kn	own As RBS Citizens, N.A.		
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Mills Coffee Ro	asting Co.	1	102552869