	<b>=</b>					
UCC FINANCING STATEMEN	T AMENDMEN	Т				
FOLLOW INSTRUCTIONS		•				
A. NAME & PHONE OF CONTACT AT FILER ( Corporation Service Company	optional) 1-800-858-5294		7			
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com	809627-18					
C. SEND ACKNOWLEDGMENT TO: (Name a	nd Address) KG1					
Corporation Service Company 801 Adlai Stevenson Drive		1				
Springfield, IL 62703	Filed In: Rh	ode Island (S.O.S.)				
L		· · · · · · · ·	THE ABOVE SPA	CE IS FO	R FILING OFFICE U	ISE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 488366 11/28/1985	•		1b. This FINANCING STATE (or recorded) in the REAI Filer. attach Amendment Ad	L ESTATE .	RECORDS	
TERMINATION: Effectiveness of the Finance     Statement	ing Statement identified abov	e is terminated	with respect to the security intere	st(s) of Sec	cured Party authorizing	this Termination
ASSIGNMENT (full or partial): Provide name For partial assignment, complete items 7 and	e of Assignee in item 7a or 7t 9 <u>and</u> also indicate affected c	b, <u>and</u> address o ollateral in item	of Assignee in item 7c <u>and</u> name o 8	of Assignor	in item 9	
CONTINUATION: Effectiveness of the Fine continued for the additional period provided by	incing Statement identified ab y applicable law	ove with respec	t to the security interest(s) of Sec	ured Party	authorizing this Contin	nuation Statement is
5. PARTY INFORMATION CHANGE:						·
Check one of these two boxes:	AND Check one	GE name and/or	address: Complete ADD nar	ne: Comple	te itemDELETE na	me: Give record name
This Change affects Debtor or Secured Par  6. CURRENT RECORD INFORMATION: Compl			7a or 7b <u>and</u> item 7c7a or 7b.	and item 7	to be delete	d in item 6a or 6b
6a. ORGANIZATION'S NAMEVITI, INC.	The state of the s	go provido omy	VIIV Hame (da di ob)			
OR 6b. INDIVIDUAL'S SURNAME						
OD. INDIVIDUAL S SURNAME		FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(	S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Com	plete for Assignment or Party Informati	I on Change - provide	only one name (7a or 7b) (use exact, full na	ame; do not on	nit, modify, or abbreviate any	part of the Debtor's name)
7a. ORGANIZATION'S NAME			1-06.11			
OR 76. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME		***	1 Marie Course			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL	(S)					SUFFIX
	(0)					SOFFIX
7c. MAILING ADDRESS		CITY	-	STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one o	f these four boxes: ADD	collateral	DELETE collateral F	RESTATE o	overed collateral	ASSIGN collateral
Indicate collateral:	<del></del>					
	<u>.</u>					
<ol><li>NAME OF SECURED PARTY OF RECORD If this is an Amendment authorized by a DEBTOR.</li></ol>		IENDMENT: F ame of authorizi		name of Ass	signor, if this is an Assig	nment)
9a. ORGANIZATION'S NAME Mercedes-Be			<u> </u>			
OR 9b. INDIVIDUAL'S SURNAME		FIRST PERSON	IAL NAME	ADDITION	NAL NAME(S)/INITIAL(S	SUFFIX
			-			
10. OPTIONAL FILER REFERENCE DATA: Deb	tor: VITI, INC 71	108				104020571