UCC FINANCING STATEMENT AMENDME	NT				
FOLLOW INSTRUCTIONS	., .				
A NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	1				
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com		1			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 107809639 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703					
Corporation Service Company	•				
801 Adlai Stevenson Drive	: Rhode Island				
	(S.O.S.)				
		THE ABOVE SPA		ING OFFICE USE C	_
1a. initial financing statement file number 201109827310 04/22/2011		(or recorded) in the REAL Filer: attach Amendment Ado	ESTATE RECO	RDS	·
TERMINATION: Effectiveness of the Financing Statement identified a Statement	above is terminated				
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a	or 7b, and address	of Assignee in item 7c <u>and</u> name c	of Assignor in ite	m 9	
For partial assignment, complete items 7 and 9 and also indicate affect	ed collateral in item	8			
 CONTINUATION: Effectiveness of the Financing Statement identifies continued for the additional period provided by applicable law 	d above with respec	t to the security interest(s) of Sec	ured Party autho	orizing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes.	c <u>one</u> of these three t HANGE name and/or	address: CompleteADD nan	ne: Complete iter	n DELETE name: (Give record name
This Change affects Debtor or Secured Party of record its 6. CURRENT RECORD INFORMATION: Complete for Party Information O	em 6a or 6b; <u>and</u> item		and item 7c	to be deleted in it	em 6a or 6b
6a. ORGANIZATION'S NAMEAUTOWASH SUPPLY CO., I		gilg have (od or ob)			
R				IAME(S)/INITIAL(S)	SUFFIX
BD. INDIVIDUALS SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL	IAME(3)/INITIAL(3)	SOFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	ormation Change - provide	only one name (7a or 7b) (use exact, full na	me; do not omit, mo	lify, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME				•	
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE POS	TAL CODE	COUNTRY
O COLLATERAL CHANCE: Also should be different to the control of th	ADD collateral	DELETE collateral F	RESTATE covere	d colleteral A	SSIGN collateral
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	T DECE LE CONINCIENT T L	CESTATE COVERE	d collateral A	SSIGN CONSTENS
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and prov			name of Assigno	; if this is an Assignmen	nt)
9a. ORGANIZATION'S NAME Citizens Bank, N.A. Formally					
			Laboration	AMERICA STATE OF THE STATE OF T	Teness
96. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL N	IAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: AUTOWASH	SUPPLY C	O INC	<u> </u>		107900630