Corporation Service Company 1-80 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Add 114862819 - 358660 Corporation France CSCII 801 Adiai Stevenson Drive Springfield, IL 62703	Nfo.com	le Island			
C. SEND ACKNOWLEDGMENT TO: (Name and Add 114862819 - 358660 Corpor Fid1 Property COCCI 801 Adlai Stevenson Drive Springfield, IL 62703	Nfo.com	le Island			
Corpor fidi France & OCSCI 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Rhod	le Island			
		e Island			
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201110289790 09/01/2011		(or record	ed) in the REAL ES		•
. TERMINATION: Effectiveness of the Financing Statement	tement identified above is			um (Form UCC3Ad) and provide De of Secured Party authorizing t	
ASSIGNMENT (full or partial): Provide name of Ass	signee in item 7a or 7b, a	nd address of Assignee in item	7c <u>and</u> name of As	signor in item 9	
For partial assignment, complete items 7 and 9 and a	so indicate affected colla	teral in item 8			
CONTINUATION: Effectiveness of the Financing S continued for the additional period provided by applications.	tatement identified above able law	with respect to the security in	terest(s) of Secured	Party authorizing this Continue	ation Statemen
PARTY INFORMATION CHANGE:					
Check one of these two boxes:		these three boxes to; name and/or address; Complete	ADD name: (Complete item DELETE nam	
This Change affects Debtor or Secured Party of rec	ord litem 6a or	6b; and item 7a or 7b and item 7	c7a or7b, <u>an d</u>	item 7c DELETE nam to be deleted	e: Give record ru n item 6a or 6b
CURRENT RECORD INFORMATION: Complete for F	Party Information Change -	provide only one name (6a or 6	b)		
6b. INDIVIDUAL'S SURNAME	FI	RST PERSONAL NAME	AC	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for A	ssignment or Party Information C	hange - provide only one name (7a or 7	b) (use exact, full name; o	lo not omit, modify, or abbreviate any pa	t of the Debtor's nan
7a. ORGANIZATION'S NAME					· T-
_[
7b. INDIVIDUAL'S SURNAME	•				
76. INDIVIDUAL'S SURNAME				***************************************	
7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME				7 2 7 3 2	
	· · · · · · · · · · · · · · · · · · ·			3-12-	SUFFIX
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					
INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	Ci	ry	ST	ATE POSTAL CODE	SUFFIX COUNTRY USA

114862819

10. OPTIONAL FILER REFERENCE DATA:8542 Debtor:3000 North LLC