UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS					
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 Add	<u> 'co, </u>]			
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com	J	1			
C. SEND ACKNOWLEDGMENT TO: (Name and Add					
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 117449147 - 372200 Corporation Service Company 801 Adlai Stevenson Drive					
Corporation Service Company 801 Adlai Stevenson Drive					
	hode Island				
	(S.O.S.)	THE ABOVE SP	ACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201110496170 11/02/2011		(or recorded) in the REA	L ESTATE	ENDMENT is to be filed [for RECORDS rm UCC3Ad) <u>and</u> provide Debt	-
TERMINATION: Effectiveness of the Financing Statement identified above Statement	ve is terminated w				
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 above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law					
5. PARTY INFORMATION CHANGE:					
CHAN	e of these three bo NGE name and/or a	ddress: CompleteADD na	me: Comple		Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Chan			, <u>and</u> item 7	tto be deleted in	tern 6a or 6b
6a. ORGANIZATION'S NAMEA.A. WHITE COMPANY					
GE. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat	tion Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full n	ame; do not or	nit, modify, or abbreviate any part o	f the Debtor's name)
7a. ORGANIZATION'S NAME					
75. INDIVIDUAL'S SURNAME	V2-74-8			2-FW.2	
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				··	SUFFIX
					Joseph
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	O collateral	DELETE collateral	L RESTATE c	overed collateral	SSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	MENDMENT: Pr	ovide only one name (9a or 9b) (name of Ass	signor if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a ORGANIZATION'S NAME Citizens Bank, N.A. Formerly Known As RBS Citizens, N.A.					
OB			Laborate		
9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: A.A. WHITE CO	OMPANY				117449147