UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS	ENT				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	4]			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com]			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	DON'				
119915672 - 372200					
SPRFIIIng@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 119915672 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In:					
Springfield, IL 62703 Filed In:	: Rhode Island				
L	(S.O.S.)	THE AROVE SPA	ACE IS EC	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATE	MENT AMI	NDMENT is to be filed [fo	
201210791210 01/25/2012			ldendum (Fo	rm UCC3Ad) <u>and</u> provide Deb	
TERMINATION: Effectiveness of the Financing Statement identified a Statement	above is terminated v	rith respect to the security intere	est(s) of Se	cured Party authorizing this	s Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a in For partial assignment, complete items 7 and 9 and also indicate affects.	ed collateral in item 8	3			
4. CONTINUATION: Effectiveness of the Financing Statement identifie continued for the additional period provided by applicable law	d above with respect	to the security interest(s) of Sec	cured Party	authorizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:				·	
Crieck one or these two boxes.	one of these three bo HANGE name and/or a Son 6a or 6b; <u>and</u> item 7	ddress: CompleteADD na	me: Comple , <u>and</u> item 7		Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information C			, <u>and</u> item 7	c to be defeted in	Rem 6a or 6b
6a ORGANIZATION'S NAMEGSM Metals, Inc.					
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Z CHANGED OR ADDED INCODMATION			<u> </u>		
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info ORGANIZATION'S NAME 	ormation Change - provide d	nty <u>one</u> name (/a or /b) (use exact, full n	ame; do not or	nit, modify, or abbreviate any part of	of the Debtor'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	USA
COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	PESTATE A	overed collateral	ASSIGN collateral
Indicate collateral:	· · · · · · · · · · · · · · · · · · ·		KEOTATE 0	overed consterai	13313IN WIIBIEI BI
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT: Pr	ovide only one name (9a or 9h) /i	name of Ass	signor if this is an Assignme	not)
If this is an Amendment authorized by a DEBTOR, check here and provide	de name of authorizing	j Debtor		and is an manying	
9a. ORGANIZATION'S NAME Citizens Bank, N.A. formerly k	(nown as RBS	Citizens, N.A.			
96. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
Lack the control of t	l				1405:::
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