*				
UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	Т			
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1231 88786 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rh	m.			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	7' _{00'}			
1231 88786				
Corporation Service Company 801 Adlai Stevenson Drive				
Springfield, IL 62703 Filed In: Rh	node Island			
L fills	(3.0.3.)	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200704490750 01/05/2007	[*	(or recorded) in the REAL	MENT AMENDMENT is to be filed [fo LESTATE RECORDS dendum (Form UCC3Ad) <u>and</u> provide Det	•
TERMINATION: Effectiveness of the Financing Statement identified above Statement	re is terminated w			
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7t For partial assignment, complete items 7 and 9 and also indicate affected complete.			of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	ove with respect	to the security interest(s) of Sec	ured Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:				
CHAN	of these three bo	ddress: CompleteADD nar	ne: Complete itemDELETE name	: Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Change			and item 7c to be deleted in	item 62 or 6b
6a. ORGANIZATION'S NAMEAII Paint, Inc				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	ion Change - provide o	nly <u>one</u> name (?a or ?b) (use exact, full na		of the Debtor's name)
7a. ORGANIZATION'S NAME				
75. INDIVIDUAL'S SURNAME		•••		
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
				001112
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	cotlateral	DELETE collateral F	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN	MENOMENT: D	ovide only one name (9a or 9h) (r	name of Assignor, if this is an Assignor	ent\
If this is an Amendment authorized by a DEBTOR, check here 🔲 and provide n	ame of authorizing	Debtor	with at Designor, it this is an Assignit	
9a ORGANIZATION'S NAMESantander Bank, N.A. FNA Sove	ereign Bank			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:0437 Debtor:All Paint,	Inc			1231 88786