	CC FINANCING STATEMENT AMENDMEN	IT				
_	NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	7				
B. E-MAIL CONTACT AT FILER (optional)			-			
Ļ	SPRFiling@cscinfo.com SEND ACKNOWLEDGMENT TO: (Name and Address)					
	1233 25055  Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	om ¬				
	801 Adlai Stevenson Drive					
İ	Springfield, IL 62/03 Filed In: R	hode Island (S.O.S.)				
The second secon						
	INITIAL FINANCING STATEMENT FILE NUMBER 00704538010 01/19/2007	ш.	(or recorded) in the REA	L ESTATE	ENDMENT is to be filed [for RECORDS rm UCC3Ad) <u>and</u> provide Debt	•
2. [	TERMINATION: Effectiveness of the Financing Statement identified abo Statement	ve is terminated	with respect to the security interes	est(s) of Se	cured Party authorizing this	Termination
3.[	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected or			of Assigno	r in item 9	
4.	✓ CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law	bove with respec	t to the security interest(s) of Sec	cured Party	authorizing this Continuati	on Statement is
5. [	PARTY INFORMATION CHANGE:				· · · · · · · · · · · · · · · · · · ·	
	CHAN	g of these three b NGE name and/or	address: Complete ADD na	me: Comple		Give record name
	his Change affects Debtor or Secured Party of record item 6 CURRENT RECORD INFORMATION: Complete for Party Information Char			, <u>and</u> item 7	c to be deleted in	item 6a or 6b
	6a. ORGANIZATION'S NAMEOSP Enterprises, Inc	· · · · · ·				
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME ADDITIONAL NAME(S)/INIT			SUFFIX
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informal 7a. ORGANIZATION'S NAME	tion Change - provide	only <u>one</u> name (7a or 7b) (use exact, full n	ame; do not o	mit, modify, or abbreviate any part o	f the Debtor's name)
OR	7b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8.	COLLATERAL CHANGE: Also check one of these four boxes: ADD	D collateral	DELETE collateral	RESTATE o	covered collateral	ASSIGN collateral
Indicate collateral:						
	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AF			name of As	signor, if this is an Assignme	nt)
	this is an Amendment authorized by a DEBTOR, check here and provide results and provide results and ORGANIZATION'S NAME Santander Bank, N.A. FNA Soversides and Company of the Company of	name of authorizir ereign Ban		·		<del>- · · · · · · · · · · · · · · · · · · ·</del>
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10.	OPTIONAL FILER REFERENCE DATA:0440 Debtor:OSP Ente	erprises, Inc	c			1233 25055