RI SOS Filing Number: 201718074680 Date: 5/23/2017 11:35:00 AM

Corporation Service Company  E-MAIL CONTACT AT FILER (optional)  SPRFiling@cscinfo.com  SEND ACKNOWLEDGMENT TO: (Name and Address)  1315 07674  Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703  File  INITIAL FINANCING STATEMENT FILE NUMBER					
SPRFiling@cscinfo.com  SEND ACKNOWLEDGMENT TO: (Name and Address)  1315 07674					
1315 07674					
Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	cinfo.co	sland			
L filingacri	(S.	O.S.)			
The state of the s		I D. I THIS THE MICH	NG STATEMENT AM	ENDMENT is to be filed [for	
00705547930 10/24/2007  TERMINATION: Effectiveness of the Financing Statement ident	tified above is ter	Filer. <u>attach</u> Am		orm UCC3Ad) <u>and provide</u> Debt	
Statement				····	i ermination
ASSIGNMENT (full or partial): Provide name of Assignee in itel For partial assignment, complete items 7 and 9 and also indicate:	m 7a or 7b, <u>and</u> a affected collatera	address of Assignee in item 7c I in item 8	and name of Assigno	r in item 9	
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	entified above wit	h respect to the security intere	st(s) of Secured Party	authorizing this Continuati	on Statemer
PARTY INFORMATION CHANGE:	<del></del>	<u></u>			
Check one of these two boxes:	Check <u>one</u> of thes	e three boxes to: e and/or address: Complete	ADD name: Compl	ete item DELETE name;	Give record
his Change affects Debtor or Secured Party of record  CURRENT RECORD INFORMATION: Complete for Party Informa	item 6a or 6b;	and item 7a or 7b and item 7c	7a or 7b, and item 7		
6a. ORGANIZATION'S NAME69 EMPIRE CORP.	luori Change - pro	vide only one name (sa or sp)			
6b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME	LADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME	arty Information Chang	e - provide only <u>one</u> name (7a or 7b) (us	e exact, full name; do not o	mit, modify, or abbreviate any part o	f the Debtor's n
7b. INDIVIDUAL'S SURNAME	. m <b>.</b>	,			
INDIVIDUAL'S FIRST PERSONAL NAME				<u> </u>	
				1981	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR