

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141				
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 11054 - TRUE VALUE <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 60%;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 35%; text-align: center;">63136784 RIRI</div></div> <div style="text-align: center; margin-top: 10px;">File with: Secretary of State, RI</div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201312451120 4/29/2013 SS RI			1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13	
2 <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
3 <input type="checkbox"/> ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c, <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8				
4 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: <div style="display: flex; justify-content: space-between; font-size: small;"><div>CHANGE name and/or address. Complete item 6a or 6b, <u>and</u> item 7a or 7b <u>and</u> item 7c</div><div>ADD name. Complete item 7a or 7b, <u>and</u> item 7c</div><div>DELETE name. Give record name to be deleted in item 6a or 6b</div></div>				
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) <div style="border: 1px solid black; padding: 2px;">6a. ORGANIZATION'S NAME Durfee Hardware Incorporated</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 40%;">OR 6b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div>				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) <div style="border: 1px solid black; padding: 2px;">7a. ORGANIZATION'S NAME</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 40%;">OR 7b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 20%;">INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 40%;">7c. MAILING ADDRESS</div><div style="width: 20%;">CITY</div><div style="width: 10%;">STATE</div><div style="width: 10%;">POSTAL CODE</div><div style="width: 20%;">COUNTRY</div></div>				
8. <input type="checkbox"/> COLLATERAL CHANGE Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here: <input type="checkbox"/> and provide name of authorizing Debtor <div style="border: 1px solid black; padding: 2px;">9a. ORGANIZATION'S NAME True Value Company</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 40%;">OR 9b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div>				
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Durfee Hardware Incorporated 63136784 Durfee True Value Hardware 3078				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
201312451120 4/29/2013 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

OR	12a ORGANIZATION'S NAME True Value Company	
	12b INDIVIDUAL'S SURNAME	
	FIRST PERSONAL NAME	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

OR	13a ORGANIZATION'S NAME Durfee Hardware Incorporated			
	13b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral).

Debtor Name and Address:

Durfee Hardware Incorporated - 46 Deerfield Rd , North Scituate, RI 02857-1702

Secured Party Name and Address:

True Value Company - 8600 West Bryn Mawr Avenue , Chicago, IL 60631-3505

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest):

17. Description of real estate.