

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294																				
B E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com																				
C SEND ACKNOWLEDGMENT TO (Name and Address) 1455 28003 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rhode Island (S.O.S.)																				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY																				
1a INITIAL FINANCING STATEMENT FILE NUMBER 200806464460 07/02/2008			1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS From: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13																	
2 ☐ 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 ☐ ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c, and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8																				
4 ☒ 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 ☐ PARTY INFORMATION CHANGE Check <u>one</u> of these two boxes: ☐ Debtor or ☐ Secured Party of record AND Check <u>one</u> of these three boxes to: ☐ CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b, and item 7c ☐ ADD name. Complete item 7a or 7b, and item 7c ☐ DELETE name. Give record name to be deleted in item 6a or 6b																				
6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">6a ORGANIZATION'S NAME 1635 Division Road, LLC</td></tr><tr><td style="width: 40%; padding: 5px;">6b INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>					6a ORGANIZATION'S NAME 1635 Division Road, LLC				6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
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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. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">7a ORGANIZATION'S NAME</td></tr><tr><td colspan="4" style="padding: 5px;">7b INDIVIDUAL'S SURNAME</td></tr><tr><td colspan="4" style="padding: 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td colspan="3" style="padding: 5px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td><td style="padding: 5px;">SUFFIX</td></tr></table>					7a ORGANIZATION'S NAME				7b INDIVIDUAL'S SURNAME				INDIVIDUAL'S FIRST PERSONAL NAME				INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
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7c MAILING ADDRESS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;"></td><td style="width: 20%; padding: 5px;">CITY</td><td style="width: 10%; padding: 5px;">STATE</td><td style="width: 20%; padding: 5px;">POSTAL CODE</td><td style="width: 10%; padding: 5px;">COUNTRY USA</td></tr></table>						CITY	STATE	POSTAL CODE	COUNTRY USA											
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8 ☐ COLLATERAL CHANGE Also check <u>one</u> of these four boxes: ☐ ADD collateral; ☐ DELETE collateral; ☐ RESTATE covered collateral; ☐ 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 ☐ and provide name of authorizing Debtor <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">9a ORGANIZATION'S NAME Santander Bank, N.A. FNA Sovereign Bank</td></tr><tr><td style="width: 40%; padding: 5px;">9b INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>					9a ORGANIZATION'S NAME Santander Bank, N.A. FNA Sovereign Bank				9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
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10 OPTIONAL FILER REFERENCE DATA 8496 Debtor: 1635 Division Road, LLC																				

1455 28003