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LICC FINANCING STATE	ACNIT AMENIDAGENIT					
UCC FINANCING STATEM	MENI AMENUMENI					
FOLLOW INSTRUCTIONS			•			
A. NAME & PHONE OF CONTACT AT FI Phone: (800) 331-3282 Fax: (818						
	<u> </u>	 -	ł			
B. E-MAIL CONTACT AT FILER (optional CLS-CTLS_Glendale_Customer						
C. SEND ACKNOWLEDGMENT TO. (Nar			1			
	ne and Address) 8644 - JPMOF	KGAN —				
Lien Solutions	68644	798				
P.O. Box 29071	חוחו		Ì			
Glendale, CA 91209-9071	RIRI		ĺ			
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File with: Se	cretary of State, RI		THE ABOVE SPA	CE IS FO	OR FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE N			*b. This FINANCING STATE	MENT AM	ENDMENT is to be filed (fo	
201920678160 1/25/2019 SS F	र।		(or recorded) in the REA Free lattach Amendment Ad	L ESTATE dendum (Fo	RECORDS m UCC3Ad) and provide Debt	or's name in item 13
2. TERMINATION Effectiveness of the Fi	nancing Statement identified above is	terminated with	respect to the security interest(s) of Secure	ed Party authorizing this Te	ermination
Statement						
3. ASSIGNMENT (full or partial). Provide:	name of Assigne e in item 7a or 7b, <u>ar</u>	d address of As	signee in item 7c and name of A	ssignor in	item 9	
For partial assignment, complete items	7 and 9 and also indicate affected co	llateral in item 8				
4 CONTINUATION: Effectiveness of the	•	with respect to t	he security interest(s) of Secured	Party aut	nonzing this Continuation S	Statement is
continued for the additional period prov	ided by applicable law					
5. PARTY INFORMATION CHANGE	****	4				
Check one of these two boxes	AND Check one o			ne Comple	te itemDELETE name.	Give record name
This Change affects Debtor or Secu	md Party of record 🔀 item 6a	or 65. <u>and</u> item 7		and item 7		
6 CURRENT RECORD INFORMATION Com	plete for Party Information Change - p	provide only <u>one</u>	name (6a or 6b)			
6 orcanizations name Mathematical Technologies,	II.C					
OR 66 INDIVIDUAL'S SURNAME		FIRST PERSONA	I SIASAC	Lannino	NAL NAME(S):INITIAL(S)	SUFFIX
60 INDIVIDUAL S SORIAME		FINOI PENOLAP	L NAME	12001110	HAL HAME(S) MITTAL(S)	SCFFIA
T CHANGE OF ADDISORMATION OF			ne name (7a or 7b) (use exact, full name	1		e Debtor's name)
7 CHANGED OR ADDED INFORMATION C	omplete to: Assignment of Party Information Cra	nge - provide chry ;	ne name (za cr.zb) (use exact, lun name	do noi omi,	modely or addressate any part or in	e Operor s romer;
Mathematical Technologies I	nc.,					
OR 76 INDIVIDUAL'S SURNAME		<u>-</u>				
INDIVIDUAL'S FIRST PERSONAL NAME						
TINI(2) MAN JAHONTINGA S'JAUCIVIONI	IAL(S)					SUFFIX
7c MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
209 ANGELL ST		PROVIDEN	CE	RI	02906	USA
8 COLLATERAL CHANGE Also chec	k one of these four boxes ADD	collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral	. One of the second sources	ooatc.tai				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
indicate congressi						
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A NAME OF RECURED BARRY S.C.	CORD AUTHORITING THE CO	NDMC::T 5	udala aaki aan saasa ka sa saasa			41
 NAME OF SECURED PARTY OF RE- If this is an Amendment authorized by a DEE 	****	NDMENT: Pro ame of authorizing		ame of As	signor, it this is an Assignm	ent)
9a ORGANIZATION'S NAME	and provide and provide in	unit of audional	ig Davioi			
JPMorgan Chase Bank, NA						
OR 96 INDIVIDUAL'S SURNAME		FIRST PERSONA	L NAME	ADDITIO	NAL NAME(SYNNITIAL(S)	SUFFIX
					• • •	
10. OPTIONAL FILER REFERENCE DATA	Debtor Name: Mathematical To	achnologice I	nc	1		
	Debtor Name - Mathematical 11 0000173285	acimologies I	110.,		Mathematical Techno	ologies III C

11. INITIAL FINANCING STATEMENT FILE NUMBER : 201920678160 1/25/2019 SS RI	Same as item 1a on Amendment	· form		
12. NAME OF PARTY AUTHORIZING THIS AMENDME	ENT. Same as item 9 on Amendr	ment form		
JPMorgan Chase Bank, NA				
OR 126 INCIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
AODITKWAL NAME(SYINITIAL(S)		SUFFIX	E ABOVE SPACE IS FOR FILING OFFICE US	SE ONLY
13 Name of DEBTOR on related financing statement (None Debtor name (13a or 13b) (use exact, full name		rd required for indexing purposes	only in some filing offices - see Instruction item	
Mathematical Technologies, LLC				
OR 135 INDIVIDUAL'S SURNAME	FIR:	ST PERSONAL NAME	ADDITICHAL NAME(SYNITIAL(S)	SUFFIX
Mathematical Technologies Inc., - 209 ANGE	LL ST , PROVIDENCE, RI	02906		
Deblor Name and Address: Mathematical Technologies Inc., - 209 ANGE Secured Party Name and Address: JPMorgan Chase Bank, NA - P. O. Box 6026 This FINANCING STATEMENT AMENDMENT Toovers tumber to be cut. covers as-extract	, Chicago, IL 60680-6026	17 Description of rea	l estate	

0000173285 Mathematical Technologies, LLC

JPMorgan Chase Bank, NA

File with Secretary of State, RI

18. MISCELLANEOUS 68644798-RI-0 8644 - JPMORGAN CHASE S8B C