

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) 224 - JPMORGAN <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"><div style="width: 45%;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 45%; text-align: center;">70638432 RIRI</div></div>				
File with: Secretary of State, RI			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	

1a. INITIAL FINANCING STATEMENT FILE NUMBER
200501922850 11/17/2004 SS RI

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS
File: 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 one of these two boxes: ☐ Debtor or ☒ Secured Party of record
AND Check one 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 one name (6a or 6b)

6a. ORGANIZATION'S NAME The Chase Manhattan Bank As Collateral Agent			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME JPMorgan Chase Bank, NA			
OR 7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME		
INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)			SUFFIX

7c. MAILING ADDRESS P. O. Box 6026	CITY Chicago	STATE IL	POSTAL CODE 60680-6026	COUNTRY USA
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8. ☐ **COLLATERAL CHANGE** Also check one 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 one 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:

9a. ORGANIZATION'S NAME The Chase Manhattan Bank As Collateral Agent			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA:** Debtor Name: Semiconductor Components Industries of Rhode Island, Inc.
70638432 0000009076 SEMICONDUCTOR

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 200501922850 11/17/2004 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME The Chase Manhattan Bank As Collateral Agent	
OR	
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 <u>one</u> 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			
13a. ORGANIZATION'S NAME Semiconductor Components Industries of Rhode Island, Inc.			
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)
			SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

Semiconductor Components Industries of Rhode Island, Inc. - 2000 South County Trail , East Greenwich, RI 02818
Cherry Semiconductor Corporation - 2000 South County Trail , East Greenwich, RI 02818

Secured Party Name and Address:

JPMorgan Chase Bank, NA - P. O. Box 6026 , Chicago, IL 60680-6026

15. This FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing	17. Description of real estate
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)	