

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) 1731 25458 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 201514754100 2/3/2015		1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. If so, attach Amendment Addendum (Form UCC3A-5) 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 5a or 5b.				
6 CURRENT RECORD INFORMATION Complete for Party Information Change; provide only <u>one</u> name (6a or 6b).				
6a ORGANIZATION'S NAME THREE TEN INTERNATIONAL INC.				
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 <u>one</u> 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 _____				
OR 7b INDIVIDUAL'S SURNAME _____ INDIVIDUAL'S FIRST PERSONAL NAME _____ INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) _____ SUFFIX _____				
7c MAILING ADDRESS _____ CITY _____ STATE _____ POSTAL CODE _____ COUNTRY _____				
8 ☐ COLLATERAL CHANGE Also check <u>one</u> of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTAINT 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.				
9a ORGANIZATION'S NAME 7-Eleven, Inc.				
OR 9b INDIVIDUAL'S SURNAME _____ FIRST PERSONAL NAME _____ ADDITIONAL NAME(S)/INITIAL(S) _____ SUFFIX _____				
10 OPTIONAL FILER REFERENCE DATA 35008A				

1731 25458