

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

|                                                                                                                                                                                                                                                                                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A NAME & PHONE OF CONTACT AT FILER (optional)<br>CSC 1-800-858-5294                                                                                                                                                                                                                                                                              |  |
| B E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@cscglobal.com                                                                                                                                                                                                                                                                                  |  |
| C SEND ACKNOWLEDGMENT TO (Name and Address)<br><br><div style="display: flex; justify-content: space-between;"> <div> 1739 15721<br/>CSC<br/>801 Adlai Stevenson Drive<br/>Springfield, IL 62703 </div> <div> filingaeks@cscinfo.com </div> </div> <div style="text-align: right; margin-top: 10px;"> Filed In: Rhode Island<br/>(S.O.S.) </div> |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER  
201008323850 02/08/20101b ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS  
Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132 ☐ TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement3 ☐ 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 84 ☒ 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 law5 ☐ PARTY INFORMATION CHANGECheck one of these two boxesAND Check one of these three boxes toThis Change affects ☐ Debtor or ☐ Secured Party of record☐ 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 6b6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (5a or 6b)

6a ORGANIZATION'S NAME MI-CA TOOL CO., 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 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

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

USA

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 Santander Bank, N.A. FNA Sovereign Bank, N.A.

OR 9b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA 0464 Debtor: MI-CA TOOL CO., INC.

1739 15721