

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141									
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com									
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 24839 - Wells Fargo CDF <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 45%;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 45%; text-align: center;">73450725 RIRI</div></div> <div style="text-align: center; margin-top: 10px;">File with: Secretary of State, RI</div>									
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY									
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201008641620 5/18/2010 SS RI			1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer attach Amendment Addendum (Form UCC3A4) and provide Debtor's name in item 13						
2. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input checked="" type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: <input checked="" type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c <input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c <input type="checkbox"/> 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)									
<div style="border: 1px solid black; padding: 2px;">6a. ORGANIZATION'S NAME GE Commercial Distribution Finance Corporation</div>									
<div style="border: 1px solid black; padding: 2px;">OR <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; border-bottom: 1px solid black;">6b. INDIVIDUAL'S SURNAME</td><td style="width: 30%; border-bottom: 1px solid black;">FIRST PERSONAL NAME</td><td style="width: 20%; border-bottom: 1px solid black;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; border-bottom: 1px solid black;">SUFFIX</td></tr></table></div>					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)									
<div style="border: 1px solid black; padding: 2px;">7a. ORGANIZATION'S NAME Wells Fargo Commercial Distribution Finance, LLC</div>									
<div style="border: 1px solid black; padding: 2px;">OR <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; border-bottom: 1px solid black;">7b. INDIVIDUAL'S SURNAME</td><td style="width: 30%; border-bottom: 1px solid black;">INDIVIDUAL'S FIRST PERSONAL NAME</td><td style="width: 20%; border-bottom: 1px solid black;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; border-bottom: 1px solid black;">SUFFIX</td></tr></table></div>					7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
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<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; border-bottom: 1px solid black;">7c. MAILING ADDRESS 5595 Trillium Blvd</td><td style="width: 20%; border-bottom: 1px solid black;">CITY Hoffman Estates</td><td style="width: 10%; border-bottom: 1px solid black;">STATE IL</td><td style="width: 10%; border-bottom: 1px solid black;">POSTAL CODE 60192</td><td style="width: 20%; border-bottom: 1px solid black;">COUNTRY USA</td></tr></table>					7c. MAILING ADDRESS 5595 Trillium Blvd	CITY Hoffman Estates	STATE IL	POSTAL CODE 60192	COUNTRY USA
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8. <input type="checkbox"/> COLLATERAL CHANGE Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:									
9. NAME OF SECURED PARTY or 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: <input type="checkbox"/> and provide name of authorizing Debtor									
<div style="border: 1px solid black; padding: 2px;">9a. ORGANIZATION'S NAME GE Commercial Distribution Finance Corporation</div>									
<div style="border: 1px solid black; padding: 2px;">OR <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; border-bottom: 1px solid black;">9b. INDIVIDUAL'S SURNAME</td><td style="width: 30%; border-bottom: 1px solid black;">FIRST PERSONAL NAME</td><td style="width: 20%; border-bottom: 1px solid black;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; border-bottom: 1px solid black;">SUFFIX</td></tr></table></div>					9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
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10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Simply Sight & Sound, Inc. 73450725 CDF TECH E and A St. Joe 1895850001 2-3149104123									

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form

201008641620 5/18/2010 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form

12a ORGANIZATION'S NAME

GE Commercial Distribution Finance Corporation

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 one 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

Simply Sight & Sound, 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:

Simply Sight & Sound, Inc - 2 Linden Drive , Providence, RI 02906

Secured Party Name and Address:

Wells Fargo Commercial Distribution Finance, LLC - 5595 Trillium Blvd , Hoffman Estates, IL 60192

15. This FINANCING STATEMENT AMENDMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(If Debtor does not have a record interest)

17. Description of real estate: