

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: center;"><div style="width: 45%; padding-top: 10px;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 45%; text-align: center; padding-top: 10px;">74902324 RIRI</div></div>				
File with: Secretary of State, RI			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
1a INITIAL FINANCING STATEMENT FILE NUMBER 201009039110 9/13/2010 SS RI			1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS For: attach Amendment Addendum (Form UCC3A-1) 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"/> This Change affects Debtor <u>or</u> <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="display: flex; border-bottom: 1px solid black;"><div style="width: 10%; border-right: 1px solid black; padding: 2px 5px;">6a ORGANIZATION'S NAME</div><div style="padding: 2px 5px;">GE COMMERCIAL DISTRIBUTION FINANCE CORPORATION</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 10%; border-right: 1px solid black; padding: 2px 5px;">OR 6b INDIVIDUAL'S SURNAME</div><div style="width: 30%; border-right: 1px solid black; padding: 2px 5px;">FIRST PERSONAL NAME</div><div style="width: 30%; border-right: 1px solid black; padding: 2px 5px;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 30%; padding: 2px 5px;">SUFFIX</div></div>				
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="display: flex; border-bottom: 1px solid black;"><div style="width: 10%; border-right: 1px solid black; padding: 2px 5px;">7a ORGANIZATION'S NAME</div><div style="padding: 2px 5px;">Wells Fargo Commercial Distribution Finance, LLC</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 10%; border-right: 1px solid black; padding: 2px 5px;">OR 7b INDIVIDUAL'S SURNAME</div><div style="width: 30%; border-right: 1px solid black; padding: 2px 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 30%; border-right: 1px solid black; padding: 2px 5px;">INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 30%; padding: 2px 5px;">SUFFIX</div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 45%; border-right: 1px solid black; padding: 2px 5px;">7c MAILING ADDRESS</div><div style="width: 15%; border-right: 1px solid black; padding: 2px 5px;">CITY</div><div style="width: 10%; border-right: 1px solid black; padding: 2px 5px;">STATE</div><div style="width: 15%; border-right: 1px solid black; padding: 2px 5px;">POSTAL CODE</div><div style="width: 15%; padding: 2px 5px;">COUNTRY</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 45%; border-right: 1px solid black; padding: 2px 5px;">5595 Trillium Blvd</div><div style="width: 15%; border-right: 1px solid black; padding: 2px 5px;">Hoffman Estates</div><div style="width: 10%; border-right: 1px solid black; padding: 2px 5px;">IL</div><div style="width: 15%; border-right: 1px solid black; padding: 2px 5px;">60192</div><div style="width: 15%; padding: 2px 5px;">USA</div></div>				
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 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 <input type="checkbox"/> and provide name of authorizing Debtor				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 10%; border-right: 1px solid black; padding: 2px 5px;">9a ORGANIZATION'S NAME</div><div style="padding: 2px 5px;">GE COMMERCIAL DISTRIBUTION FINANCE CORPORATION</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 10%; border-right: 1px solid black; padding: 2px 5px;">OR 9b INDIVIDUAL'S SURNAME</div><div style="width: 30%; border-right: 1px solid black; padding: 2px 5px;">FIRST PERSONAL NAME</div><div style="width: 30%; border-right: 1px solid black; padding: 2px 5px;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 30%; padding: 2px 5px;">SUFFIX</div></div>				
10. OPTIONAL FILER REFERENCE DATA Debtor Name: AQUIDNECK POOLS & SPAS INC. 74902324 CDF OPG Specialty Products Group 1991320001 2-7640515575				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form
201009039110 9/13/2010 SS RI

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

OR	12a. ORGANIZATION'S NAME GE COMMERCIAL DISTRIBUTION FINANCE CORPORATION	
	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

OR	13a. ORGANIZATION'S NAME AQUIDNECK POOLS & SPAS INC.			
	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral)

Debtor Name and Address:

AQUIDNECK POOLS & SPAS INC. - 3266 E. MAIN , PORTSMOUTH, RI 02871

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