

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) 52145 - AUTOMOTIVE <div style="display: flex; justify-content: space-between;"><div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>87838538 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 201211719240 10/15/2012 SS RI	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer <u>attaches</u> Amendment Addendum (Form UCC3Ad) 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 <div style="display: flex; justify-content: space-between;"><div>AND Check <u>one</u> of these three boxes in:</div><div><input checked="" type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c</div><div><input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c</div><div><input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b</div></div>									
6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) <table border="1" style="width: 100%;"><tr><td colspan="4">6a ORGANIZATION'S NAME AUTOMOTIVE FINANCE CORPORATION</td></tr><tr><td style="width: 33%;">OR 6b INDIVIDUAL'S SURNAME</td><td style="width: 33%;">FIRST PERSONAL NAME</td><td style="width: 20%;">ADDITIONAL NAME(S) INITIAL(S)</td><td style="width: 14%;">SUFFIX</td></tr></table>		6a ORGANIZATION'S NAME AUTOMOTIVE FINANCE CORPORATION				OR 6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
6a ORGANIZATION'S NAME AUTOMOTIVE FINANCE CORPORATION									
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) <table border="1" style="width: 100%;"><tr><td colspan="4">7a ORGANIZATION'S NAME AUTOMOTIVE FINANCE CORPORATION</td></tr><tr><td style="width: 33%;">OR 7b INDIVIDUAL'S SURNAME</td><td style="width: 33%;">FIRST PERSONAL NAME</td><td style="width: 20%;">ADDITIONAL NAME(S) INITIAL(S)</td><td style="width: 14%;">SUFFIX</td></tr></table>		7a ORGANIZATION'S NAME AUTOMOTIVE FINANCE CORPORATION				OR 7b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
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7c MAILING ADDRESS <table border="1" style="width: 100%;"><tr><td style="width: 40%;">11299 N. ILLINOIS STREET</td><td style="width: 20%;">CITY CARMEL</td><td style="width: 10%;">STATE IN</td><td style="width: 15%;">POSTAL CODE 46032</td><td style="width: 15%;">COUNTRY USA</td></tr></table>		11299 N. ILLINOIS STREET	CITY CARMEL	STATE IN	POSTAL CODE 46032	COUNTRY USA			
11299 N. ILLINOIS STREET	CITY CARMEL	STATE IN	POSTAL CODE 46032	COUNTRY USA					
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			
9a ORGANIZATION'S NAME AUTOMOTIVE FINANCE CORPORATION			
OR 9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA Debtor Name: TERRY'S TIRE & AUTO SERVICE, INC 87838538 257919 ER TERRY'S TIRE & AUTO			

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form
201211719240 10/15/2012 SS RI

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

12a. ORGANIZATION'S NAME

AUTOMOTIVE FINANCE CORPORATION

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S) INITIAL(S)

SUFFIX

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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

TERRY'S TIRE & AUTO SERVICE, 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:

TERRY'S TIRE & AUTO SERVICE, INC. - 36 BLACKSTONE STREET, WOONSOCKET, RI 02895

TERRY'S AUTO, LIMITED - 36 BLACKSTONE STREET, WOONSOCKET, RI 02895

Secured Party Name and Address:

AUTOMOTIVE FINANCE CORPORATION - 11299 N. ILLINOIS STREET, CARMEL, IN 46032

15. This FINANCING STATEMENT AMENDMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ 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)