

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 24839 - Wells Fargo CDF	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	98212079 RIRI
File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 200907759870 8/13/2009 SS RI		1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. File: attach 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 one of these two boxes: <input type="checkbox"/> Debtor or <input checked="" type="checkbox"/> Secured Party of record. AND Check one 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 one name (6a or 6b)			
6a. ORGANIZATION'S NAME Wells Fargo Commercial Distribution Finance, LLC			
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 Wells Fargo Commercial Distribution Finance, LLC			
OR	7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S); INITIAL(S)			SUFFIX
7c. MAILING ADDRESS 5595 Trillium Blvd		CITY Hoffman Estates	STATE IL
		POSTAL CODE 60192	COUNTRY USA
8. COLLATERAL CHANGE: Check only one box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral. Indicate collateral: <input type="checkbox"/> Check ASSIGN COLLATERAL only if the assignor's power to amend or record is limited to certain collateral items, describe the collateral in question.			

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: <input type="checkbox"/> and provide name of authorizing Debtor.			
9a. ORGANIZATION'S NAME Wells Fargo Commercial Distribution Finance, LLC			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S); INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: POOLS BY RICHARD, INC 98212079 CDF OPG Specialty Products Group 1909310001 2-7321809435			

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

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

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

OR	12a. ORGANIZATION'S NAME	
	Wells Fargo Commercial Distribution Finance, LLC	
	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

OR	13a. ORGANIZATION'S NAME			
	POOLS BY RICHARD, INC.			
	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX)

☐ ITEM 8 (Collateral) OR

☐ OTHER INFORMATION (Please Describe)

Debtor Name and Address:

POOLS BY RICHARD, INC. - 33 STAMP FARM RD , CRANSTON, RI 02921

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