

# Commonwealth of Pennsylvania Bureau of Corporations and Charitable Organizations Carol Aichele

## UNIFORM COMMERCIAL CODE FILING ACKNOWLEDGMENT

08/06/2014

Stevens & Lee PC \*\*\* COUNTER PICK-UP - DO NOT MAIL \*\*\*

17 N. 2nd Street, 16th Floor Harrisburg, PA 17101

File Number: 2014080606974 Filing Date: 08/04/2014 8:00 AM Filing Type: Public Financing Statement Lapse Date: 04/02/2037 Original File Number: 2007040400521 Pages: 1

Amendments: Termination Secured Party

Indexed Debtor(s):

Secured Party(s) / Assignee(s):

Other Information:

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Folder: T1421737017 Tracking: T1421737087



## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional)

File Number: 2014080606974 Date Filed: 08/04/2014 08:00 AM Carol Aichele Secretary of the Commonwealth

Commonwealth of Pennsylvania

C.	SEND ACKNOWLEDGMENT TO: (Name and Address)		1		OCC3 A	mendment 1 Page(s	•)
-	Melissa Zeiders, Paralegal (counter pickup) Stevens & Lee PC						
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з. [	ASSIGNMENT (full or partial): Provide name of Assignee in Item 7a or 7i For partial assignment, complete Items 7 and 9 and also indicate affected or	b, <u>and</u> address of ollateral in item 8	Assignee in item 7c	and name of	Assignor in	item 9	
4. [	CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	ove with respect	to the security intere	st(s) of Secu	red Party au	thorizing this Continuation	on Statement is
5. [	PARTY INFORMATION CHANGE:						-
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6. (	CURRENT RECORD INFORMATION; Complete for Party Information Changes, ORGANIZATION'S NAME	ge - provide only g	name (6a or 6b)				
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OR	6b, INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME		ADDITIONAL	L NAME(S)/INITIAL(S)	SUFFIX
7. (	CHANGED OR ADDED INFORMATION; Complete for Assignment or Party Information	ion Change - provide o	nly one name (7s or 7b) (u	se exact, full nam	e: do not omit, r	modify, or abbreviate any part of	the Debtor's name)
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3.	COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral	DELETE collateral	RE	STATE cove	red collateral A	SSIGN collateral
	Indicate collateral:						
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9. N	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN	MENDMENT; Pr	ovide only <u>ogę</u> name	(9a or 9b) (na	ne of Assign	or, if this is an Assignmer	it)
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	Manufacturers and Traders Trust Company						
OR	9b INDIVIDUAL'S SURNAME	FIRST PERSONA	SI NIARES		MOUTIONAL	NAME(S)/INITIAL(S)	SUFFIX
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PA Dept of State

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

SL1 1313298



# Commonwealth of Pennsylvania Bureau of Corporations and Charitable Organizations Carol Aichele

## UNIFORM COMMERCIAL CODE FILING ACKNOWLEDGMENT

08/06/2014

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17 N. 2nd Street, 16th Floor
Harrisburg, PA 17101

File Number: 2014080606962 Filing Date: 08/04/2014 8:00 AM Filing Type: Public Financing Statement Lapse Date: 04/02/2037 Original File Number: 2007040307371 Pages: 1

Amendments: Termination Secured Party

Indexed Debtor(s):

Secured Party(s) / Assignee(s):

Other Information:

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Folder: T1421737017 Tracking: T1421737086



File Number: 2014080606962 Date Filed: 08/04/2014 08:00 AM Carol Aichele Secretary of the Commonwealth

#### UCC FINANCING STATEMENT AMENDMENT

**FOLLOWINSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) Commonwealth of Pennsylvania UCC3 Amendment 1 Page(s) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Melissa Zeiders, Paralegal (counter pickup) Stevens & Lee PC 17 N. 2nd Street, 16th Floor Harrisburg, PA 17101 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS INITIAL FINANCING STATEMENT FILE NUMBER 2007040307371 Filer, attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. 📝 TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination ASSIGNMENT (full or partial): Provide name of Assignee in item 7e or 7b, and address of Assignee in item 7e and name of Assigner in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in Item 8 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. PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes; CHANGE name and/or address; Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item 7s or 7b, and item 7c DELETE name: Give record name to be deleted in item 5a or 6b This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME OR 66 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 (70 or 70) (use exact, for name; do not omit, modify, or abbreviate any part of the Deblor's name) 7a. ORGANIZATION'S NAME OR 76. INCIVIOUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS POSTAL CODE STATE COLINTRY 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 (94 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 Manufacturers and Traders Trust Company 9b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX 10. OPTIONAL FILER REFERENCE DATA:

PA Dept of State

International Association of Commercial Administrators (IACA)
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# Commonwealth of Pennsylvania Bureau of Corporations and Charitable Organizations Carol Aichele

#### UNIFORM COMMERCIAL CODE FILING ACKNOWLEDGMENT

08/06/2014

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17 N. 2nd Street, 16th Floor Harrisburg, PA 17101

File Number: 2014080606950 Filing Date: 08/04/2014 8:00 AM Filing Type: Public Financing Statement

Lapse Date: 10/03/2041

Original File Number: 2011100406234

Pages: 1

Amendments: Termination Secured Party

Indexed Debtor(s):

Secured Party(s) / Assignec(s):

Other Information:

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Folder: T1421737017 Tracking: T1421737085



File Number: 2014080606950
Date Filed: 08/04/2014 08:00 AM
Carol Aichele
Secretary of the Commonwealth

ADDITIONAL NAME(S)/INITIAL(S)

International Association of Commercial Administrators (IACA)

SUFFIX

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### UCC FINANCING STATEMENT AMENDMENT

**FOLLOWINSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) Commonwealth of Pennsylvania UCC3 Amendment 1 Page(s) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Melissa Zeiders, Paralegal (counter pickup) Stevens & Lee PC 17 N. 2nd Street, 16th Floor Harrisburg, PA 17101 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 Debto's name in Item 13 1a. INITIAL FINANCING STATEMENT FILE NUMBER 2011100406234 2. 🗹 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination 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 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. PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes; CHANGE name and/or address: Complete item 8a or 6b; and item 7a or 7b and item 7c ADD name: Complete item
7a or 7b, and item 7c This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a, ORGANIZATION'S NAME OR 66 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 abservate any part of the Debtor's name) OR 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)ANITIAL(S) SUFFIX 7c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 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

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96. INDIVIDUAL'S SURNAME

10. OPTIONAL FILER REFERENCE DATA:

Manufacturers and Traders Trust Company, as Trustee