



UCC

LIEN NO. 90531203-2

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294				
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 80%;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">3060 79882</div><div style="border: 1px solid black; padding: 5px;">CSC 1127 Broadway St. NE, Suite 310 Salem, OR 97301</div></div><div style="width: 15%; text-align: center; vertical-align: middle;">Filed In: Oregon (S.O.S.)</div></div> <div style="text-align: center; font-weight: bold; margin-top: 5px;">SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</div>				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 90531203 8/5/2015			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 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(ies) authorizing this Termination Statement				
3. <input type="checkbox"/> ASSIGNMENT: 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; check ASSIGN Collateral box in Item 8 and describe the 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. PARTY INFORMATION CHANGE: <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 40%;">Check <u>one</u> of these two boxes: This Change affects <input type="checkbox"/> Debtor or <input checked="" type="checkbox"/> Secured Party of record</div><div style="width: 60%;">AND Check <u>one</u> of these three boxes to: <div style="display: flex; justify-content: space-between;"><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></div></div>				
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: 5px;">6a. ORGANIZATION'S NAME TCF Inventory Finance, Inc.</div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 33%;">OR 6b. INDIVIDUAL'S SURNAME</div><div style="width: 33%;">FIRST PERSONAL NAME</div><div style="width: 33%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 10%;">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="border: 1px solid black; padding: 5px;">7a. ORGANIZATION'S NAME Huntington Distribution Finance, Inc.</div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 33%;">OR 7b. INDIVIDUAL'S SURNAME</div><div style="width: 33%;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 33%;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 10%;">SUFFIX</div></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">7c. MAILING ADDRESS P.O. Box 59376</div><div style="width: 15%;">CITY Schaumburg</div><div style="width: 10%;">STATE IL</div><div style="width: 15%;">POSTAL CODE 60159-0376</div><div style="width: 15%;">COUNTRY USA</div></div>				
8. COLLATERAL CHANGE: Check only <u>one</u> box: <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 80%;">Indicate collateral: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> ADD collateral</div><div><input type="checkbox"/> DELETE collateral</div><div><input type="checkbox"/> RESTATE covered collateral</div><div><input type="checkbox"/> ASSIGN* collateral</div></div></div><div style="width: 20%; font-size: small;">*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8</div></div>				
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="border: 1px solid black; padding: 5px;">9a. ORGANIZATION'S NAME TCF Inventory Finance, Inc.</div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 33%;">OR 9b. INDIVIDUAL'S SURNAME</div><div style="width: 33%;">FIRST PERSONAL NAME</div><div style="width: 33%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 10%;">SUFFIX</div></div>				
10. OPTIONAL FILER REFERENCE DATA:				

3060 79882