CC FINANCING STATEMEN	T AMENDMEN	T				
OLLOW INSTRUCTIONS (front and back) C						
. NAME & PHONE OF CONTACT AT FILER						
Corporation Service Company 1- SEND ACKNOWLEDGMENT TO: (Name a						
, SEND ACKNOVILEDGIVILIA I TO. (Maine a	ilu Addiess)					
46438879						
Corporation Service Comp						
801 Adlai Stevenson Drive	€		200911300004: Shelby Cnty			
Springfield, IL 62703			11/30/2009 1	2:42:39 PM	FILED/CERT	
1	Filed In: Alabama	a Shelby				
L			THE ABOVE S		R FILING OFFICE US	
20090727000287130 07/27/2009	9			r to be	FINANCING STATEMEN e filed [for record] (or reco L ESTATE RECORDS.	
TERMINATION: Effectiveness of the Finan	icing Statement identified above is	terminated with respe	ct to security interest(s) of			ition Statement.
CONTINUATION: Effectiveness of the Fire	nancing Statement identified above	e with respect to secu	rity interest(s) of the Secu	red Party autho	rizing this Continuation S	tatement is
continued for the additional period provided b	<u> </u>				tom O	
ASSIGNMENT (full or partial): Give name	······································		em /c; and also give hame Party of record. Check onl			•
AMENDMENT (PARTY INFORMATION): Also check <u>one</u> of the following three boxes <u>and</u> processes and pro		— L	raity of record. Check on	y <u>one</u> or these t	WO DOXES.	
CHANGE name and/or address: Please refer to the in regards to changing the name/address of a part	DELETE name: Give record name to be deleted in item 6a or 6b.		ADD n	ADD name: Complete item 7a or 7b, and also item 7c also complete items 7e-7g (if applicable).		
CURRENT RECORD INFORMATION:					···	
6a. ORGANIZATION'S NAME						
W.A.McNeely Co., Inc. 6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	VAME	SUFFIX
OD, INDIVIDUAL S LAST NAME						
. CHANGED (NEW) OR ADDED INFORMATIO	N:					
7a. ORGANIZATION'S NAME		<u> </u>			·	
R - NIDWADAAC ACTNAME		FIRST NAME		MIDDLE NAME SUFFIX		
7b. INDIVIDUAL'S LAST NAME		FIRST NAIVIE				
. MAILING ADDRESS	. <u></u>	CITY	····	STATE	POSTAL CODE	COUNTRY
d. <u>SEE INSTRUCTIONS</u> ADD'L INFO RE 7 ORGANIZATION DEBTOR	e. TYPE OF ORGANIZATION	7f. JURISDICTION	OF ORGANIZATION	7g. ORG	ANIZATIONAL ID#, if any	/ NO
AMENDMENT (COLLATERAL CHANGE):	: check only <u>one</u> box.	<u>, , , , , , , , , , , , , , , , , , , </u>				
Describe collateral deleted or added, o		al description, or desc	ribe collateral assign	ed.		
	DD ALITHODIZING THIS AME					d by a Debtor whi
			e I I and enter name of I	JEBIOR author	rizing this Amendment.	
adds collateral or adds the authorizing Debtor, or		by a Debtor, check he				
adds collateral or adds the authorizing Debtor, or 9a. ORGANIZATION'S NAME		by a Debtor, check he			·	
		by a Debtor, check her		MIDDLE	NAME	SUFFIX