# CH \$40.00 21045

# TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM577903

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	FIRST LIEN PAYOFF LETTER AND LIEN RELEASE
SEQUENCE:	1

### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
MORGAN STANLEY SENIOR FUNDING, INC., AS COLLATERAL AGENT		04/23/2019	BANK: UNITED STATES

### **RECEIVING PARTY DATA**

Name:	APPRISE SOFTWARE, INC.
Street Address:	3101 EMRICK BLVD.
City:	BETHLEHEM
State/Country:	PENNSYLVANIA
Postal Code:	18020
Entity Type:	Corporation: PENNSYLVANIA

### **PROPERTY NUMBERS Total: 1**

Property Type	Number	Word Mark
Registration Number:	2104543	APPRISE

### CORRESPONDENCE DATA

**Fax Number:** 2124464900

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Email: susan.zablocki@kirkland.com

Correspondent Name: SUSAN ZABLOCKI Address Line 1: Kirkland & Ellis LLP

Address Line 2:601 LEXINGTON AVENUEAddress Line 4:New York, NEW YORK 10022

ATTORNEY DOCKET NUMBER:	38123-572
NAME OF SUBMITTER:	Susan Zablocki
SIGNATURE:	/susan zablocki/
DATE SIGNED:	05/25/2020

**Total Attachments: 33** 

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# MORGAN STANLEY SENIOR FUNDING, INC. 1585 Broadway New York, New York 10036

### **Payoff Letter**

April 23, 2019

Aptean, Inc. 4325 Alexander Drive, Suite 100 Alpharetta, Georgia 30022 Attention: Telukutla Reddy

### Ladies and Gentlemen:

Reference is made to the First Lien Credit Agreement dated as of December 20, 2016 among Aptean, Inc., a Delaware corporation, as Borrower, Aptean Parent Co S.à r.l., a Luxembourg société à responsabilité limitée, with registered office at 19, rue de Bitbourg, L-1273 Luxembourg, registered with the Luxembourg Trade and Companies Register under number B 169191, with a share capital of the companies, as Holdings, the Guarantors party thereto and the Lenders and Agents party thereto, including us, Morgan Stanley Senior Funding, Inc., as Administrative Agent and as Collateral Agent (the "Credit Agreement"). Capitalized terms used herein that are defined in the Credit Agreement and not otherwise defined herein have the meanings given in the Credit Agreement.

You have delivered to us a notice of termination of all Commitments and prepayment of all outstanding Loans effective on April 23, 2019 (the "Payoff Date").

Subject to your acceptance of this Payoff Letter (this "Payoff Letter") by execution of a counterpart of this Payoff Letter in the space provided below, you and we (acting in our capacity as Administrative Agent and Collateral Agent) hereby confirm and agree as follows:

- 1. You represent and warrant to us that on the Payoff Date (a) no Obligation will be outstanding on account of either a Loan or a payment under a Letter of Credit that was (in either case) made on or at any time after April 22, 2019, (b) no Letter of Credit will be outstanding under the Credit Agreement and (c) no Secured Cash Management Agreements or Secured Hedging Agreements will be outstanding under the Credit Agreement.
  - 2. You hereby confirm and agree that on the Payoff Date:
  - (a) all Commitments under the Credit Agreement will be automatically and irrevocably terminated and all obligations of the Lenders in respect of the Commitments or any extensions of credit under the Credit Agreement will be automatically and forever discharged; and
  - (b) you will prepay in full all Obligations owing as of such time under the Credit Agreement and the other Loan Documents as set forth below (such amount, the "Payoff Amount"):

TRADEMARK
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Amount	Owing	in	<b>Dollars</b> :

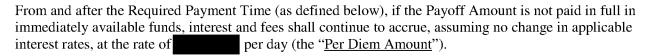
Principal amount of outstanding Loans:

Accrued and unpaid interest on outstanding Loans:

Accrued and unpaid Commitment Fees on Revolving Commitments:

Legal fees and expenses:

### **Payoff Amount:**



3. If no later than 2:00 p.m., New York Time, on the Payoff Date (the "Required Payment Time") we receive, as Administrative Agent and Collateral Agent, payment of the Payoff Amount plus any applicable Per Diem Amount by wire transfer (together with notification to it of the applicable federal funds wire reference number) of freely and immediately available funds to:

## Payment of Payoff Amount (other than the Legal Fees):

Bank: CITIBANK, N.A.

NEW YORK, NY 10043

ABA Number: 021-000-089

Account Name: MORGAN STANLEY SENIOR FUNDING, INC.

Account Number: 406-99-776
Reference: Aptean, Inc.
Attention: Agency Team

### Payment of Payoff Amount constituting the Legal Fees:

Bank: CITIBANK, N.A.

153 EAST 53<sup>RD</sup> STREET

NEW YORK, NEW YORK 10022

ABA Number: 021000089

Account Name: Cahill Gordon & Reindel LLP

Account Number: 6780031250 Reference: Aptean, Inc.

, then pursuant to Section 10.02(c)(iii) of the Credit Agreement, the undersigned in its capacity as Collateral Agent will hereby:

(A) release, absolutely, unconditionally, irrevocably and forever, all security interests and other liens granted to the undersigned as Collateral Agent under the Security Documents (the "Security Interests") and agrees that all of the Security Interests will automatically be, and hereby are, forever discharged;

- (B) authorize you (or any person or entity designated by you as your delegate (including Davies Ward Phillips & Vineberg LLP, Lawson Lundell LLP) for this purpose) to file the releases attached hereto as <u>Exhibit A</u> in respect of the recordation of intellectual property;
- (C) authorize you (or any person or entity designated by you as your delegate (including Davies Ward Phillips & Vineberg LLP, Lawson Lundell LLP) for this purpose) to file all Uniform Commercial Code termination statements and PPSA termination and discharge statements attached hereto as <a href="Exhibit B">Exhibit B</a>, it being understood and agreed that the discharges, terminations and releases described in Section 3(B) and this Section 3(C) shall be filed in order to evidence such discharge, termination and release of the Security Interests in public record; and
- (D) deliver to Milbank LLP, 55 Hudson Yards, New York, NY 10001-2163, Attention: Jonathan Edwards, the pledged collateral listed on <u>Annex I</u> attached hereto, and you hereby irrevocably authorize and direct us to make such delivery and agree that acknowledgement of receipt of such delivery by such counsel will discharge all of our obligations in respect of the redelivery of such pledged collateral to you.

You acknowledge and agree that our obligations under this Section 3 will not become effective or enforceable and the delivery provided for in clause (D) above will not be made or effective, in each case until the conditions set forth in this Section 3 are satisfied, and for this purpose time will be of the essence. Notwithstanding anything herein (or in any other document, communication or filing relating hereto by any person) to the contrary, the Collateral Agent is authorizing solely the release of the Liens granted to it pursuant to the Loan Documents in connection with the Credit Agreement and not any other Liens or security interests at any time granted by any Loan Party in favor of Morgan Stanley Senior Funding, Inc. pursuant to any other document that is not a Loan Document or in favor of any other person.

- 4. The undersigned as Collateral Agent agrees that if you at any time determine and notify the undersigned as Collateral Agent in writing that the delivery of any additional instrument executed by the undersigned as Collateral Agent or any other additional steps are required to release, discharge or terminate (a) any Security Interest, (b) any other Lien securing the payment of Loans under the Credit Agreement granted to the undersigned as Collateral Agent pursuant to any security agreement, mortgage, deed of trust, deed to secure debt, collateral assignment or other grant of security (an "Other Lien") or (c) any notice, filing or registration of any Security Interest or Other Lien, the undersigned will, at your expense and as reasonably requested by you in such notice, execute and deliver (and if requested acknowledge) such other instruments effecting or confirming the release, discharge or termination of any Security Interest or Other Lien or any notice, filing or registration of any Security Interest or Other Lien on the terms set forth in Section 3 hereof and otherwise in form and substance reasonably satisfactory to the undersigned, unless any of the foregoing actions would expose the Collateral Agent or any of its officers, directors, employees, agents, attorneys and other representatives to personal liability or would be contrary to applicable law or the Loan Documents.
- 5. The payment of the Payoff Amount (and any applicable Per Diem Amount) and the release of Security Interests and delivery of pledged collateral provided for herein will not discharge or in any manner affect or impair the enforceability of any outstanding Obligations and provisions that survive the termination of the Loan Documents, including those arising under Sections 2.12(a), 2.13, 2.15(c), 10.03(a) and 10.03(b) of the Credit Agreement.
- 6. You confirm and agree that the indemnification provisions set forth in Section 10.03(b) of the Credit Agreement will apply and be enforceable by us in respect of our execution and delivery of this Payoff Letter and the other instruments and agreements provided for herein, all actions taken or omitted by us and all claims based upon or arising in connection with any of the foregoing. We reserve

the right to enforce, in respect of such execution, delivery, actions or claims, each and all of the rights, benefits, immunities, exculpatory provisions and indemnities enforceable by us as Administrative Agent and Collateral Agent under Section 10.03(b) and Article IX of the Credit Agreement.

- 7. [Reserved].
- 8. The Borrower acknowledges and agrees that its obligations and liabilities under the Credit Agreement and the other Loan Documents shall be reinstated with full force and effect, if at any time on or after the Payoff Date, all or any portion of the Payoff Amount (and any applicable Per Diem Amount) paid to the Lenders is voided or rescinded or must otherwise be returned by the Lenders to the Borrower or any other Credit Party upon such Borrower's or any other Credit Party's insolvency, bankruptcy or reorganization or otherwise, all as though such payment had not been made.
- 9. The parties hereto further agree that if the Payoff Amount (and any applicable Per Diem Amount) specified in Section 2 hereof is not received by the Administrative Agent on or prior to April 25, 2019, this Payoff Letter shall terminate and be of no further force and effect.
- 10. This Payoff Letter shall be governed by, and shall be construed and interpreted in accordance with, the internal laws of the State of New York. This Payoff Letter may be executed by the parties hereto in separate counterparts and the executed counterparts may be delivered by facsimile transmission, PDF or other electronic transmission, all of which will be enforceable as an original. The provisions of Sections 1.03, 10.09 and 10.10 of the Credit Agreement (including, without limitation, waiver of the right to trial by jury) will apply with like effect to this Payoff Letter and any dispute arising hereunder.

[Remainder of page intentionally left blank]

Very truly yours,

MORGAN STANLEY SENIOR FUNDING, INC., as Administrative Agent and Collateral Agent

By:

Name: Lisa Hanson Title: Vice President Accepted and agreed to as of the date first written above:

APTEAN, INC.,

as Borrower

By:

Name: Telukutla Reddy

Title: Chief Executive Officer

APTEAN PARENT CO S.À R.L.,

as Holdings

By:

Name: Brian Niranjan Sheth Title: Class A Manager

ACTIVPLANT CORPORATION
APPRISE SOFTWARE, INC.
APTEAN SYSTEMS, LLC
ASSETPOINT LLC
AXENTIA SOLUTIONS CORP.
CSI-2, INC.
GQ LIFE SCIENCES, INC.
INDUSTRI-MATEMATIK HOLDINGS, INC.
INDUSTRYBUILT SOFTWARE LTD.
INDUSTRYBUILT SOFTWARE CORP.
SUSITNA SOFTWARE INC.,

as Guarantors

 $\mathbf{R}\mathbf{v}$ 

Name: Telukutla Reddy

Title: Chief Executive Officer

REEL: 006945 FRAME: 0720

Accepted and agreed to as of the date first written above: APTEAN, INC., as Borrower By: Name: Telukutla Reddy Title: Chief Executive Officer APTEAN PARENT CO S.À R.L., as Holdings By: ian Niranjan Sheth Class A Manager **ACTIVPLANT CORPORATION** APPRISE SOFTWARE, INC. APTEAN SYSTEMS, LLC ASSETPOINT LLC **AXENTIA SOLUTIONS CORP.** CSI-2, INC. GQ LIFE SCIENCES, INC. INDUSTRI-MATEMATIK HOLDINGS, INC. INDUSTRYBUILT SOFTWARE LTD. INDUSTRYBUILT SOFTWARE CORP. SUSITNA SOFTWARE INC., as Guarantors

> Name: Telukutla Reddy Title: Chief Executive Officer

By:

[Signature Page to Payoff Letter]

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	CC FINANCING STATEMENT AMENDMEN  LOW INSTRUCTIONS	<b>VT</b>				
8 A.	NAME & PHONE OF CONTACT AT FILER (optional)	000000000000000000000000000000000000000	2000 0 0 0 0			
Š	James P. Murphy (212) 701-3345  E-MAIL CONTACT AT FILER (optional)					
	imurphy@cahill.com SEND ACKNOWLEDGMENT TO: (Name and Address)					
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00000000	Cahill Gordon & Reindel LLP		100000000			
X0000000	80 Pine Street New York, NY 10005		0000000			
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3. [	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected			of Assignor	in item 9	
4.	CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respec	t to the security interest(s) of Sec	ured Party	authorizing this Continuatio	in Statement is
5.	PARTY INFORMATION CHANGE:	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
	CHA	<u>ne</u> of these three t NGE name and/or Sa or Sh: and item	address: Complete ADD nan	ne: Comple and item 7	te item DELETE name:	Give record name
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OR	8b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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	7a. ORGANIZATION'S NAME					
OR	7b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7e.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8.	COLLATERAL CHANGE: Also check one of these four boxes: Also check	DD collateral	DELETE collateral	RESTATE O	covered collateral A	SSIGN collateral
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	9a. Organization's Name Morgan Stanley Senior Funding, Inc., as (	Collatoral	Amant			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSO		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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	OPTIONAL FILER REFERENCE DATA: htor: Apprise International Sales Corporation - To be filed with	the Secretary o	f State of Delaware.   (First )	Lien) [16]	270.10051 [01]	

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345  B. E-MAIL CONTACT AT FILER (optional)	
jmurphy@cahill.com	3000 
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP 80 Pine Street	
New York, NY 10005	20000
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1a. INITIAL FINANCING STATEMENT FILE NUMBER 2016 7905290, filed 12/20/2016	1b. 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. TERMINATION: Effectiveness of the Financing Statement identified above is terminal Statement	ated 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 added For partial assignment, complete items 7 and 9 and also indicate affected collateral in	
CONTINUATION: Effectiveness of the Financing Statement identified above with re- continued for the additional period provided by applicable law	spect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:	
	ree boxes to: •d/or address: Complete
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide     Sa. ORGANIZATION'S NAME	
OR 6b. INDIVIDUAL'S SURNAME FIRST PER	RSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
<ol> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - p         [7a. ORGANIZATION'S NAME     </li> </ol>	rovide 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)
OR	
7b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7c. MAILING ADDRESS CITY	STATE POSTAL CODE COUNTRY
***************************************	
COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: ADD collateral indicate collateral:	DELETE collateral RESTATE covered collateral ASSIGN collateral
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMEN If this is an Amendment authorized by a DEBTOR, check here and provide name of auth  [9a. ORGANIZATION'S NAME]</li> </ol>	
Morgan Stanley Senior Funding, Inc., as Collater	al Agent
9b. INDIVIDUAL'S SURNAME FIRST PEI	RSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:  Debtor: Aptean Systems, LLC - To be filed with the Secretary of State of Delar	

UCC FINANCING STATEMENT AMENDM FOLLOW INSTRUCTIONS	ENT			
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345	000000000000000000000000000000000000000	0000 00 00 00 00 00		
B. E-MAIL CONTACT AT FILER (optional) jmurphy@cahill.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP 80 Pine Street	лалага	000000000000000000000000000000000000000		
New York, NY 10005	1	000000000		
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Check one of these two boxes:  This Change affects Debtor or Secured Party of record	eck <u>one</u> of these three , CHANGE name and/or item 6a or 6b; <u>and</u> item	address: Complete ADI	D name: Complete itemDELETE nam or 7b, <u>and</u> item 7cto be deleted	e: Give record name in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information     [6a. ORGANIZATION'S NAME]	n Change - provide only	<u>one</u> name (6a or 6b)		
OR				
86. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provid	only <u>one</u> name (7a or 7b) (use exact	, full name; do not omit, modify, or abbreviate any pa	rt of the Debtor's name)
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75. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
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OR Morgan Stanley Senior Funding, Inc., a	S Collateral		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:				

UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS	NT				
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345	000000000000000000000000000000000000000	900 90 90 90			
B. E-MAIL CONTACT AT FILER (optional)	**********************	900 			
jmurphy@cahill.com		4			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  James P. Murphy, Senior UCC Paralegal		000000000			
Cahill Gordon & Reindel LLP 80 Pine Street	I				
New York, NY 10005	3				
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ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affects.			of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	d above with respect	to the security interest(s) of Sec	ured Party	authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:		000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
Check diffe of these two boxes.	. <u>one</u> of these three b HANGE name and/or : Im 6a or 6b; <u>and</u> item	address: Complete ADD nar	ne: Comple and item 7	ote item DELETE name: G	ive record name m 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information C     Fa. ORGANIZATION'S NAME.			***************************************		
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INDIVIDUAL'S FIRST PERSONAL NAME					
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8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE C	overed collateral AS	SIGN collateral
Indicate collateral:					
	000000000000000000000000000000000000000	000000000000000000000000000000000000000		000000000000000000000000000000000000000	000000000000000000000000000000000000000
)i	S AMENDMENT: Find an indicate in the second		name of As	signor, if this is an Assignment	
98 ORGANIZATION'S NAME  Morgan Stanley Senior Funding, Inc., as	Collateral				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	_	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:	000000000000000000000000000000000000000			300000000000000000000000000000000000000	
Debtor: Aptean Sapphire, LLC - To be filed with the Secretary of	State of Delawar	e. [First Lien] [16270.1005	[04]		

International AssociTRADEMARK ministrators (IACA)

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

UCC FINANCING STATEMENT AMENDA FOLLOW INSTRUCTIONS	/ENT					
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345	000000000000000000000000000000000000000					
B. E-MAIL CONTACT AT FILER (optional)	*******					
jmurphy@cahill.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
James P. Murphy, Senior UCC Paralegal						
Cahill Gordon & Reindel LLP 80 Pine Street						
New York, NY 10005						
			THE ABOVE	EDACE IS EC	R FILING OFFICE U	ee Oni V
1a. INTIAL FINANCING STATEMENT FILE NUMBER	00000000000000000000	1	***************************************	ATEMENT AM	ENDMENT is to be filed	
2016 7905597, filed 12/20/2016  2. // TERMINATION: Effectiveness of the Financing Statement identifi	oooooooooooooooooooooooooooooooooooooo	tormingtod wi	Filer: attach Amendmer	nt Addendum (Fo	rm UCC3Ad) <u>and</u> provide D	000000000000000000000000000000000000000
Statement Statement	000000000000000000000000000000000000000	000000000000000000000000000000000000000	20000000000000000000000000000000000000	***************************************	00000000000000000000000000000000000000	***************************************
ASSIGNMENT (full or partial): Provide name of Assignee in item     For partial assignment, complete items 7 and 9 <u>and</u> also indicate af			Assignee in item 7c <u>and</u> na	me of Assigno	r in item 9	000000000000000000000000000000000000000
CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law	itified above	with respect t	o the security interest(s) of	Secured Party	r authorizing this Contin	uation Statement is
5. PARTY INFORMATION CHANGE:	hack one of th	hese three box	vac to:			
Check one of these two boxes:  This Change affects Debtor of Secured Party of record	-, CHANGE n	ame and/or ac	dress: CompleteADI	name: Compl or 7b, <u>and</u> item 7		me: Give record name d in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Informati     Sa. ORGANIZATION'S NAME	******	******	***************************************			***************************************
OR 85. INDIVIDUAL'S SURNAME	Tris	ST PERSONA	1 316537	La projectic	DNAL NAME(S)/INITIAL(S	S)   SUFFIX
GO, INDIVIDUAL & CONTINUE.		O FENSON	E HOME	ADDITIO	MARE MANUE (O) INCOME (O	, GOTTIA
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par	ty Information Ch	ange - provide or	ly <u>one</u> name (7a or 7b) (use exact,	full name; do not o	mit, modify, or abbreviate any p	oart of the Debtor's name)
7a. ORGANIZATION'S NAME						
OR 7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
7c. MAILING ADDRESS	CIT	Y		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD coil	ateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral.						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMEN	IDMENT: Pr	ovide only <u>one</u> name (9a or 9	eccentration (name of As	signor, if this is an Assig	nment)
		of authorizing				
Morgan Stanley Senior Funding, Inc.,	as Colla	ateral A	gent			
OR 9b. INDIVIDUAL'S SURNAME		ST PERSONA		ADDITIO	NAL NAME(S)/INITIAL(S	S) SUFFIX
***************************************	*******************************	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
<ul> <li>10. OPTIONAL FILER REFERENCE DATA:</li> <li>Debtor: AssetPoint LLC - To be filed with the Secretary of State</li> </ul>	ite of Delay	vare. (Firs	t Lien   [16270.1005]   [6	151		

**REEL: 006945 FRAME: 0726** 

UCC FINANCING STATEMENT AMENDMEN' FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345  B. E-MAIL CONTACT AT FILER (optional)					
jmurphy@cahill.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP 80 Pine Street New York, NY 10005					
<b>b</b>		THE ABOVE SE	ACE IS FO	R FILING OFFICE USE	ONLY
1a. initial financing statement file number 2016 7905712, filed 12/20/2016	50000000000000000000000000000000000000	(or recorded) in the RE	AL ESTATE	INDMENT is to be filed [for RECORDS m UCC3Ad) <u>and</u> provide Debto	•
TERMINATION: Effectiveness of the Financing Statement identified abov Statement	e is terminated	with respect to the security inte	rest(s) of Se	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b     For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected complete.			e of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	ove with respec	t to the security interest(s) of S	ecured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:  Chack one of those has been all those ha	of these three t	oxes to:			
CHECK ONE OF THESE IN O BOXES.	GE name and/or	address: Complete ADD r	ame: Comple 7b, <u>and</u> item 7	te item DELETE name: to be deleted in i	Give record name tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change	***************************************	***************************************	***************************************		***************************************
6a. ORGANIZATION'S NAME					
OR 85. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	on Change - provide	only <u>one</u> name (7a or 7b) (use exact, ful	I name; do not o	nit, modify, or abbreviate any part o	fthe Debtor's name)
7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral	DELETE collateral	RESTATE	overed collateral	SSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN	JENDMENT	occoccoccoccoccoccoccoccoccoccoccoccocc	onne of As	coccoccoccoccoccoccoccoccoccoccoccoccoc	••••••••••••••••••••••••••••••••••••••
If this is an Amendment authorized by a DEBTOR, check here and provide n  9a. ORGANIZATION'S NAME	ame of authorizi	ng Debtor	Americ Ot Wo	o.g.ror, n and to all Abbigriffe	
Morgan Stanley Senior Funding, Inc., as Со	ollateral . First persoi		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Computron Software, LLC - To be filed with the Secretary o	f State of Del	aware. [First Lien] [1627	0.1005] [06	]	000000000000000000000000000000000000000
FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDME	ENT (Form U	UU3) (IXEV. U4/20/11)		(DEMARK <sup>iminis</sup> 945 FRAME: (	

UCC FINANCING STATEMENT AMENDME	NT				
FOLLOW INSTRUCTIONS	000000000000000000000000000000000000000	000			
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345					
B. E-MAIL CONTACT AT FILER (optional)	********************				
jmurphy@cahill.com		2000000			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		000000			
James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP 80 Pine Street		000000000000000000000000000000000000000			
New York, NY 10005		2000000			
200 D		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	DNLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	000000000000000000000000000000000000000	1b. This FINANCING STATE	MENT AM	ENDMENT is to be filed [for	000000000000000000000000000000000000000
2016 7905878, filed 12/20/2016		(or recorded) in the REAL Filer: <u>attach</u> Amendment Ad		RECORDS mr UCC3Ad) <u>and</u> provide Debto	r's name in item 13
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identified a Statement</li> </ol>	bove is terminated v	with respect to the security intere-	st(s) of Se	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affects.			of Assignor	in item 9	000000000000000000000000000000000000000
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	d above with respect	t to the security interest(s) of Sec	ured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
	. <u>one</u> of these three b HANGE name and/or a m 6a or 6b; <u>and</u> item		ne: Comple	ete itemDELETE name:	Give record name
This Change affects Debtor or Secured Party of record Line  6. CURRENT RECORD INFORMATION: Complete for Party Information C	************	***************************************	and item 7	c to be deleted in i	tem 6a or 6b
6a. ORGANIZATION'S NAME	nange - provide only	One name (od 6: 05)			
OR 85, INDIVIDUAL'S SURNAME	Telegat nepodi		T. 25.57.2	ALAL ALANGTON IN LOCAL (C)	Tsuffix
di. INDIVIDUAL S SURNAINE.	FIRST PERSON	ANT IAWIE	ADDITIO	NAL NAME(S)/INITIAL(S)	SOFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info [7a, ORGANIZATION'S NAME]	rmation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not o	mit, modify, or abbreviate any part o	f the Debtor's name)
TE. ONGRIGZATION GINAME.					
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
OOL ATERNAL CHIANGE	000000000000000000000000000000000000000		000000000000000000000000000000000000000		
COLLATERAL CHANGE: Also check one of these four boxes:      Indicate collateral:	ADD collateral	DELETE collateral	RESIATE	covered collateral A	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	S AMENDMENT: F	Provide only <u>one</u> name (9a or 9b) (i	name of As	signor, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and provi	de name of authorizi	ng Debtor			
Morgan Stanley Senior Funding, Inc., as	Collateral A	Agent			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	·	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	20000000000000000000000000000000000000
10. OPTIONAL FILER REFERENCE DATA:  Debtor: CoreTrac. Inc To be filed with the Secretary of State of	Belaware Pirs	t Gent [16270.1005] [07]		***************************************	

UCC FINANCING STATEMENT AMENDMEN' FOLLOW INSTRUCTIONS		<b>10</b>			
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345  B. E-MAIL CONTACT AT FILER (optional)	***************************************				
jmurphy@cahill.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP 80 Pine Street New York, NY 10005	••••••				
		TIP ADOUT COA	OF 10 FO	n en ikio office upe o	· ***
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2016 7906173, filed 12/20/2016	300000000000000000000000000000000000000	b. This FINANCING STATE (or recorded) in the REAL	MENT AME	R FILING OFFICE USE ( INDMENT is to be filed [for a RECORDS or UCC3Ad) and provide Debto	ecord]
2.  TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated w	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b     For partial assignment, complete items 7 and 9 and also indicate affected each of the following states of the followi			f Assignor	in item 9	000000000000000000000000000000000000000
CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	ove with respect	to the security interest(s) of Sec	ured Party	authorizing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:	of these three bo	vas io.	000000000000000000000000000000000000000		
CHECK ONE OF THESE TWO DOXES.	GE name and/or a	ddress: Complete ADD nan	ne: Comple and item 7	te item DELETE name: e	Give record name em 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change		***************************************	***************************************	in the second se	
6a, ORGANIZATION'S NAME					
OR 85, INDIVIDUAL'S SURNAME.	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informati  [7a. ORGANIZATION'S NAME]	on Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full na	me; do not or	nit, modify, or abbreviate any part of	the Debtor's name)
ra. ONGANIZATION G NAME.					
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7e. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	) collateral	DELETE collateral F	RESTATE 0	overed collateral A	SSIGN collateral
Indicate collateral:					
hand	MENDMENT: P		name of As	signor, if this is an Assignmer	1t)
Morgan Stanley Senior Funding, Inc., as Co	ollateral <i>A</i>	Agent .			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	·	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: GQ Life Sciences, Inc To be filed with the Secretary of State	ie of Delaware.	. [First Lien] [16270,1005]	[08]		000000000000000000000000000000000000000
FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDME	ENT (Form UC	C3) (NEV. 04/20/11)		(DEMARK <sup>minis</sup> 945 FRAME: (	
		: \L_L	5500	I IVANE.	

UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345  B. E-MAIL CONTACT AT FILER (optional)					
jmurphy@cahill.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP 80 Pine Street New York, NY 10005					
		pailionnonnonnonnonnonnonnonnonnonnonnonnon	000000000000000000000	R FILING OFFICE USE	.00000000000000000000000000000000000000
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2018 3164601, filed 05/09/2018		(or recorded) in the RE	AL ESTATE	ENDMENT is to be filed [for RECORDS m UCC3Ad) and provide Debto	•
2.  TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7th     For partial assignment, complete items 7 and 9 and also indicate affected or			e of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	ove with respec	t to the security interest(s) of S	ecured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:			000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
Check one of these two boxes:  AND Check one CHAN This Change affects Debtor or Secured Party of record item 6:	GE name and/or	address: Complete ADD r	ame: Comple 7b, <u>and</u> item 7	te item DELETE name:	Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Change	***************************************	***************************************	ro, <u>and</u> item r	e [ ]to be deleted in i	tem oa or ob
6a. ORGANIZATION'S NAME					
OR 85. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informati	on Change - provide	only one name (7a or 7b) (use exact, ful	l name; do not or	nit, modify, or abbreviate any part o	f the Debtor's name)
7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	occoccoccoccoccoccoccoccoccoccoccoccocc	DELETE collateral	RESTATE C	overed coilateral	SSIGN collateral
Indicate collateral.					
hand	MENDMENT: arne of authorizi		) (name of As	signor, if this is an Assignme	nt)
9a. ORGANIZATION'S NAME  Morgan Stanley Senior Funding, Inc., as Co	ollateral	Agent			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSO		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:  Debtor: IndustryBuilt Software Ltd To be filed with the Secretary of	of State of De			_	
FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDME	ENT (Form U	UU3) (IXEV. U4/20/11)		( <b>DEMARK</b> <sup>minis</sup> 945 FRAME: (	

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		и доос				
	C FINANCING STATEMENT AMENDMEN LOW INSTRUCTIONS					
	NAME & PHONE OF CONTACT AT FILER (optional)	000000000000000000000000000000000000000	0000 000 000 000			
Ŏ	Fames P. Murphy (212) 701-3345 E-MAIL CONTACT AT FILER (optional)	****************				
	murphy@cahill.com SEND ACKNOWLEDGMENT TO: (Name and Address)					
000000000000000000000000000000000000000	James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP					
00000000	80 Pine Street New York, NY 10005		D0000000			
00000000	A CANADAS A CANADA		2000			
	NITIAL FINANCING STATEMENT FILE NUMBER	000000000000000000000000000000000000000	1b. This FINANCING STATE	MENT AME	R FILING OFFICE USE ( ENDMENT is to be filed [for	000000000000000000000000000000000000000
00000000	16 7906355, filed 12/20/2016	000000000000000000000000000000000000000	<u> </u>	dendum (Fo	rm UCC3Ad) <u>and</u> provide Debto	300000000000000000000000000
2. 6	TERMINATION: Effectiveness of the Financing Statement identified abo Statement	ve is terminated	with respect to the security interes	st(s) of Se	cured Party authorizing this	Termination
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected			of Assignor	in item 9	
4.	CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	bove with respec	t to the security interest(s) of Sec	ured Party	authorizing this Continuation	n Statement is
5.	PARTY INFORMATION CHANGE:	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	***************************************	000000000000000000000000000000000000000
	CHAI	<u>ie</u> of these three t NGE name and/or	address: Complete ADD nan	ne: Comple and item 7	ete item DELETE name:	Give record name
6. C	URRENT RECORD INFORMATION: Complete for Party Information Cha		***************************************	and item i	e Libbe deleted and	em oa or ou
	6a. ORGANIZATION'S NAME					
OR	8b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa	ation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not o	mit, modify, or abbreviate any part of	the Debtor's name)
	7a. ORGANIZATION'S NAME					
OR	7b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL IO ADDITIONAL NAME (CVINITIA) (CV					Tourny
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8.	COLLATERAL CHANGE: Also check one of these four boxes: AD	D collateral	DELETE collateral	RESTATE O	covered coilateral A	SSIGN collateral
	Indicate collateral:		fazzal			
00000000		000000000000000000000000000000000000000	000000000000000000000000000000000000000		100000000000000000000000000000000000000	000000000000000000000000000000000000000
	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS A this is an Amendment authorized by a DEBTOR, check here [ and provide	MENDMENT: name of authorizi		name of As	signor, if this is an Assignme	nt)
	98. ORGANIZATION'S NAME Morgan Stanley Senior Funding, Inc., as C	'allataral	Agent			
OR	96. INDIVIDUAL'S SURNAME	FIRST PERSO		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
20000000		000000000000000000000000000000000000000	50000000000000000000000000000000000000	xxxxxxxxxxx	300000000000000000000000000000000000000	
	PPTIONAL FILER REFERENCE DATA: http://industri-Matematik Holdings, Inc To be filed with the Sec	rretary of State	e of Delaware. (First Lical)	16270.10	nSI 1101	

UCC FINANCING STATEMENT AMENDMI	ENT				
A. NAME & PHONE OF CONTACT AT FILER (optional)	000000000000000000000000000000000000000	0000 000 000			
James P. Murphy (212) 701-3345  B. E-MAIL CONTACT AT FILER (optional)	***************************************				
jmurphy@cahill.com		0000000			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
James P. Murphy, Senior UCC Paralegal		300 000 000			
Cahill Gordon & Reindel LLP 80 Pine Street		×000000			
New York, NY 10005		8000000			
500 c c c c c c c c c c c c c c c c c c		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2016 7906983, filed 12/20/2016	100000000000000000000000000000000000000	(or recorded) in the REAL	. ESTATE	ENDMENT is to be filed [for RECORDS mr UCC3Ad) <u>and</u> provide Debto	
TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated	<u> </u>	00000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a     For partial assignment, complete items 7 and 9 and also indicate affecting the second se			f Assignor	in item 9	000000000000000000000000000000000000000
4. CONTINUATION: Effectiveness of the Financing Statement identificantinued for the additional period provided by applicable law	ed above with respec	t to the security interest(s) of Sec	ured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
Check one of these two boxes.	k <u>one</u> of these three b CHANGE name and/or	address: Complete ADD nan	ne: Comple	ete itemDELETE name:	Give record name
This Change affects Debtor or Secured Party of record  6. CURRENT RECORD INFORMATION: Complete for Party Information	tem 6a or 6b; <u>and</u> item Change - provide only	······································	<u>and</u> item 7	c to be deleted in i	tem ba ar bo
6a. ORGANIZATION'S NAME					
OR 85. INDIVIDUAL'S SURNAME.	FIRST PERSOI	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In	formation Change - provide	only one parne (7a or 7b) (use exact full ne	one: do not o	mit modify or abbreviate any nad o	fthe Debtor's name)
7a. ORGANIZATION'S NAME	omango promo	one mand (1.2 or 19) (430 oxed, manne	ane, do nec o	int, mounty, or animovine any part of	. tio Boston S harries
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
***************************************	000000000000000000000000000000000000000		000000000000000		***************************************
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE (	covered collateral A	ASSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH			name of As	signor, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and proga. ORGANIZATION'S NAME	vide name of authorizi	ng Debtor			
Morgan Stanley Senior Funding, Inc., as	Collateral	Agent			
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
AD ORTIONAL FUED RESERVATE DATA	***************************************		000000000000000000000000000000000000000	000000000000000000000000000000000000000	
10. OPTIONAL FILER REFERENCE DATA:  Debtor: Vadim Municipal Software Inc To be filed with the Se	cretary of State of	Delaware. [First Lien] [162	270,1005	[11]	

UCC FINANCING STATEMENT AMENDMEN	T				
FOLLOW INSTRUCTIONS	000000000000000000000000000000000000000	9			
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345		20000000			
B. E-MAIL CONTACT AT FILER (optional)	***************	accopace ac accopace accopace accopace accopace accopace accopace accopace			
jmurphy@cahill.com		0000000			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		000000			
James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP		000000000000000000000000000000000000000			
80 Pine Street		<b>3000000</b>			
New York, NY 10005	1	2000000			
<u> </u>		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE (	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2016132427, filed 12/20/2016		(or recorded) in the REAL	ESTATE	ENDMENT is to be filed [for RECORDS rm UCC3Ad) <u>and</u> provide Debto	•
TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated v	vith respect to the security intere	st(s) of Se	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7th     For partial assignment, complete items 7 and 9 and also indicate affected each of the second se			f Assignor	in item 9	
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6a. ORGANIZATION'S NAME	ge - provide only	one name (oa o ob)			
OR 85. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informati  7a. ORGANIZATION'S NAME	ion Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	me; do not o	mit, modify, or abbreviate any part of	the Debtor's name)
TE. ONGRUZATION CHANGE					
7b. INDIVIDUAL'S SURNAME					
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If this is an Amendment authorized by a DEBTOR, check here and provide n  [9a. ORGANIZATION'S NAME]	name of authorizin	ng Debtor			
Morgan Stanley Senior Funding, Inc., as Co	ollateral A	Agent			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:  Debtor: ActivPlant Corporation - To be filed with the District of Coh	ımbia, Record	er of Deeds. [First Lien] [1	6270,100	15] [12]	000000000000000000000000000000000000000
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	C FINANCING STATEMENT AMENDMEN					
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8 A. N	AME & PHONE OF CONTACT AT FILER (optional) ames P. Murphy (212) 701-3345		000000			
8	-MAIL CONTACT AT FILER (optional)	**********				
, i	murphy@cahill.com		000000			
C. S	END ACKNOWLEDGMENT TO: (Name and Address)		<del></del>			
	James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP		***************************************			
00000	80 Pine Street		00000			
oo .	New York, NY 10005	ł	<b>2000</b>			
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1a. II	00000000000000000000000000000000000000	000000000000000000000000000000000000000	1b. This FINANCING STATE	JENT AME	ENDMENT is to be filed [for:	000000000000000000000000000000000000000
20	16132437, filed 12/20/2016		(or recorded) in the REAL Filer: attach Amendment Add		RECORDS rm UCC3Ad) <u>and</u> provide Debto	's name in item 13
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3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected or			f Assignor	in item 9	000000000000000000000000000000000000000
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OR -	Bb. INDIVIDUAL'S SURNAME	FIRST PERSO	NAI NAME	TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa	tion Change - provide	only one name (7a or 7b) (use exact, full na	me: do not or	rit, modify, or abbreviate any part of	the Debtor's name)
	7a. ORGANIZATION'S NAME					
OR -						
	7b. INDIVIDUAL'S SURNAME					
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8.	COLLATERAL CHANGE: Also check one of these four boxes: AD	D coilaterai	DELETE collateral	RESTATE C	overed collateral A	SSIGN collateral
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- 1	Morgan Stanley Senior Funding, Inc., as C	ollateral	Agent			
001	b). INDIVIDUAL'S SURNAME	FIRST PERSO	,	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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Debtor: Aptean Canada Corporation - To be filed with the District of Columbia, Recorder of Deeds. [First Lien] [16270.1005] [13]

UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)	000000000000000000000000000000000000000	900 90 90 90			
James P. Murphy (212) 701-3345  B. E-MAIL CONTACT AT FILER (optional)		<del></del>			
jmurphy@cahill.com		-			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP 80 Pine Street	AAAAA	90000000000			
New York, NY 10005					
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2016132448, filed 12/20/2016	000000000000000000000000000000000000000	or recerded) in the REAL Filer: <u>attach</u> Amendment Add	. ESTATE. dendum (Fo	rm UCC3Ad) <u>and</u> provide Debtor's	s name in item 13
TERMINATION: Effectiveness of the Financing Statement identified a Statement	above is terminated v	with respect to the security intere	st(s) of Se	cured Party authorizing this T	ermination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affects.			of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	d above with respect	to the security interest(s) of Sec	ured Party	authorizing this Continuation	Statement is
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6. CURRENT RECORD INFORMATION: Complete for Party Information C  6a. ORGANIZATION'S NAME		***************************************	***************************************		
OR 85. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME	omation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not o	nit, modify, or abbreviate any part of t	he Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					
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7c. MAILING ADDRESS	CITY		TSTATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE (	overed collateral AS	SIGN collateral
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)i	S AMENDMENT: Find an income of authorizing the control of authorizing the control of the control		name of As	signor, if this is an Assignment	i) 
98 ORGANIZATION'S NAME  Morgan Stanley Senior Funding, Inc., as	Collateral	<b>Agent</b>			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	_	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:	000000000000000000000000000000000000000		<del></del>		000000000000000000000000000000000000000
Debtor: Aptean Parent Co S.à r.l To be filed with the District of	f Columbia, Reco	rder of Deeds. [First Lien]	[16270.1	005] [14]	

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

UCC FINANCING STATEMENT AMENDME	ENT				
A. NAME & PHONE OF CONTACT AT FILER (optional)	000000000000000000000000000000000000000	900			
James P. Murphy (212) 701-3345  B. E-MAIL CONTACT AT FILER (optional)		200000			
jmurphy@cahill.com		10000000			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
James P. Murphy, Senior UCC Paralegal		200000000			
Cahill Gordon & Reindel LLP 80 Pine Street		8000000			
New York, NY 10005		20000000			
		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE O	NLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2018046681, filed 05/10/2018	000000000000000000000000000000000000000	(or recorded) in the REAL	. ESTATE	ENDMENT is to be filed [for re RECORDS rm UCC3Ad) <u>and</u> provide Debtor	•
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated v	with respect to the security intere	st(s) of Se	cured Party authorizing this 1	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a     For partial assignment, complete items 7 and 9 and also indicate affective for partial assignment.			of Assignor	in item 9	000000000000000000000000000000000000000
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	ed above with respec	t to the security interest(s) of Sec	ured Party	authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:	000000000000000000000000000000000000000	000000000000000000000000000000000000000	00000000000000000	***************************************	000000000000000000000000000000000000000
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OR 85. INDIVIDUAL'S SURNAME	FIRST PERSON	NAI NAMF	TADDITIO	NAL NAME(S)/INITIAL(S)	Tsuffix
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In 7a. ORGANIZATION'S NAME	formation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not o	mit, modify, or abbreviate any part of t	he Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
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7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral F	RESTATE (	covered collateral AS	SIGN collateral
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	S AMENDMENT:	Provide only one name (9a or 9b) (	name of As	signor if this is an Assignmen	*/
	vide name of authorizi		OI AS	onghor, is and to an Assignment	·, 
Morgan Stanley Senior Funding, Inc., as	Collateral 2	Agent			
OR 95. INDIVIDUAL'S SURNAME	FIRST PERSON	·	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:  Debtor: AXENTIA SOLUTIONS CORP To be filed with the D	istrict of Columbi	ia, Recorder of Deeds. [Firs	st Lien] [	16270.1005] [15]	

UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	000x				
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345		0000000000			
B. E-MAIL CONTACT AT FILER (optional)	********************	eponanous.			
jmurphy@cahill.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)		200000000			
James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP 80 Pine Street New York, NY 10005		000000000000000000000000000000000000000			
		80000000000000000000000000000000000000		D. W	<b>634.34</b>
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2017081925, filed 07/26/2017	300000000000000000000000000000000000000	1b. This FINANCING STATEM (or recorded) in the REAL	IENT AME ESTATE	R FILING OFFICE USE ENDMENT is to be filed [for RECORDS m UCC3Ad) and provide Debte	record]
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	ve is terminated w	000000000000000000000000000000000000000	0000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
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OR 7b. INDIVIDUAL'S SURNAME					
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AT If this is an Amendment authorized by a DEBTOR, check here and provide 19a. ORGANIZATION'S NAME.	MENDMENT: P		ame of As	signor, if this is an Assignme	ent)
Morgan Stanley Senior Funding, Inc., as C					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:  Debtor: FDM Software SA Inc To be filed with the District of Colu	mhia Pagarda	or Basic Wives Vian 114	770 100	3 [16]	000000000000000000000000000000000000000
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ΘA,	NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345		NO 0000			
8	E-MAIL CONTACT AT FILER (optional)	***********	2000 2000			
×	imurphy@cahill.com		300 300 300 300 300 300 300 300 300 300			
•	SEND ACKNOWLEDGMENT TO: (Name and Address)		<del></del>			
000000000000	James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP	-	***************************************			
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000000	New York, NY 10005		80000			
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	initial financing statement file number 118046682, filed 05/10/2018		(or recorded) in the REAL	ESTATE F	NDMENT is to be filed [for r RECORDS m UCC3Ad) <u>and</u> provide Debtor	
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3. [	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected of			f Assignor	in item 9	
4.	CONTINUATION: Effectiveness of the Financing Statement identified al continued for the additional period provided by applicable law	bove with respec	t to the security interest(s) of Secu	ured Party	authorizing this Continuatio	n Statement is
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OR	Morgan Stanley Senior Funding, Inc., as C		,			
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A. NAME & PHONE OF CONTACT AT FILER (optional)	000000000000000000000000000000000000000	000 000 000 000			
James P. Murphy (212) 701-3345  B. E-MAIL CONTACT AT FILER (optional)	******************	2000			
jmurphy@cahill.com		2000000			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
James P. Murphy, Senior UCC Paralegal		0000000			
Cahill Gordon & Reindel LLP	•	1990000			
80 Pine Street New York, NY 10005		1990000			
1 1421 LULING IN L LUUUS	1	N000000			
		***************************************	CE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2017081933, filed 07/26/2017	200000000000000000000000000000000000000	(or recorded) in the REAL	ESTATE	:NDMENT is to be filed [for RECORDS m UCC3Ad) <u>and</u> provide Debto	
TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated	with respect to the security interes	st(s) of Sec	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a     For partial assignment, complete items 7 and 9 and also indicate affect			f Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law	ed above with respec	t to the security interest(s) of Sec	ured Party	authorizing this Continuation	on Statement is
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In 7a. ORGANIZATION'S NAME	formation Change - provide	only one name (7a or 7b) (use exact, full na	ame; do not or	nit, modify, or abbreviate any part of	f the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	COOCCOCCOCCCCCCCCCCCCCCCCCCCCCCCCCCCCC			SSIGN collateral
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If this is an Amendment authorized by a DEBTOR, check here and pro a ORGANIZATION'S NAME	vide name of authorizi	ng Debtor			
Morgan Stanley Senior Funding, Inc., as	Collateral	Agent			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	_	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:  Debtor: Rosic Bean Holdings Inc To be filed with the District of	f Columbia, Reco	rder of Deeds. [First Lien] [	16270.10	005  [18]	

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	CC FINANCING STATEMENT AMENDME					
	NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345	000000000000000000000000000000000000000	000 000 000 000 000			
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•	jmurphy@cahill.com SEND ACKNOWLEDGMENT TO: (Name and Address)		200000000000000000000000000000000000000			
)	James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP 80 Pine Street					
0000000	New York, NY 10005	,	0000000			
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3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a o For partial assignment, complete items 7 and 9 <u>and</u> also indicate affecte			of Assignor	in item 9	
4.	CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect	t to the security interest(s) of Sec	ured Party	authorizing this Continuation	n Statement is
5.	PARTY INFORMATION CHANGE:	000000000000000000000000000000000000000	***************************************	00000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
	THE CK WITE OF THESE INVOICES.	one of these three b ANGE name and/or:	address: Complete ADD nan	ne: Comple	ete itemDELETE name: C	Sive record name
******	his Change affects   Debtor or   Secured Party of record   I liter CURRENT RECORD INFORMATION: Complete for Party Information Ch	m 6a or 6b; <u>and</u> item nange - provide only	***************************************	and item 7	cto be deleted in ite	em 6a or 6b
	68. ORGANIZATION'S NAME					
OR	8b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. 0	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Infon 7a, ORGANIZATION'S NAME	mation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	me; do not or	nit, modify, or abbreviate any part of	the Debtor's name)
	Ta. O COMPLATION O NAME					
OR	7b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
						1
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8.	COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE C	covered collateral A	SSIGN collateral
1	Indicate collateral:		LLI SELLI E GONALINA LLI			23.01. 30
9. 1	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT: F	Provide only <u>one</u> name (9a or 9b) (r	name of As	signor, if this is an Assignmen	t)
	this is an Amendment authorized by a DEBTOR, check here and provide a ORGANIZATION'S NAME					
	Morgan Stanley Senior Funding, Inc., as	Collateral 2	Agent			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
X0000000	ODTIONAL FUED DEFENSION OF THE	000000000000000000000000000000000000000				000000000000000000000000000000000000000
	OPTIONAL FILER REFERENCE DATA: btor: SUSITNA SOFTWARE INC To be filed with the Distric	ct of Columbia, I	Recorder of Deeds. [First Li	ien] [162]	70.1005] [19]	

International AssociTRAPEMARK ministrators (IACA)

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11) **REEL: 006945 FRAME: 0740** 

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345	000000000
B. E-MAIL CONTACT AT FILER (optional)	
jmurphy@cahill.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP	7
80 Pine Street New York, NY 10005	
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2016132470, filed 12/20/2016	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. TERMINATION: Effectiveness of the Financing Statement identified above is terminat Statement	ated 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 For partial assignment, complete items 7 and 9 and also indicate affected collateral in it.	
4. CONTINUATION: Effectiveness of the Financing Statement identified above with rescontinued for the additional period provided by applicable law	espect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:	
Check one of these two boxes:  AND Check one of these three charges affects Debtor of Secured Party of record Item 8a or 8b; and it	irree boxes to: nd/or address: Complete
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide of the Complete Formation Change	
OR 85. INDIVIDUAL'S SURNAME FIRST PER	RSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - pro 7a. ORGANIZATION'S NAME	provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7c. MAILING ADORESS CITY	STATE POSTAL CODE COUNTRY
***************************************	
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral indicate collateral:	DELETE collateral RESTATE covered collateral ASSIGN collateral
000000000000000000000000000000000000000	
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMEN         If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized by a ORGANIZATION'S NAME     </li> </ol>	
Morgan Stanley Senior Funding, Inc., as Collatera	-
9b. INDIVIDUAL'S SURNAME FIRST PER	RSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:  Debtor: Yaletown Acquirer S.à r.l To be filed with the District of Columbia, I	Recorder of Deeds. [First Lien] [16278.1005] [20]

UCC FINANCING STATEMENT AMENDM	ENT			
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345	000000000000000000000000000000000000000	000000		
B. E-MAIL CONTACT AT FILER (optional) jmurphy@cahill.com	***********************			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP 80 Pine Street		000000000		
New York, NY 10005		800000000		
		THE ABOVE	SPACE IS FOR FILING OFFICE US	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 0602016-10572, filed 12/21/2016		(or recorded) in the	TATEMENT AMENDMENT is to be filed in REAL ESTATE RECORDS the provide Direct Addendum (Form UCC3Ad) and provide Dir	
TERMINATION: Effectiveness of the Financing Statement identifier     Statement	d above is terminate	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
ASSIGNMENT (full or partial): Provide name of Assignee in item 7     For partial assignment, complete items 7 and 9 and also indicate affections.			name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement ident continued for the additional period provided by applicable law	ified above with resp	ect to the security interest(s)	of Secured Party authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE:	ook one of the sa three		000000000000000000000000000000000000000	***************************************
Check one of these two boxes:  This Change affects Debtor or Secured Party of record		or address: CompleteAl	DD name: Complete item DELETE name or 7b, and item 7c  to be deleted	ne: Give record name in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Informatio     [6a, ORGANIZATION'S NAME]	n Change - provide or	ly <u>one</u> name (6a or 6b)		
OR аь. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S	) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provi	de only <u>one</u> name (7a or 7b) (use exac	ct, full name; do not omit, modify, or abbreviate any p	art of the Debtor's name)
7a. ORGANIZATION'S NAME				
OR 75. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	200000000000000000000000000000000000000	000000000000000000000000000000000000000	***************************************	200000000000000000000000000000000000000
COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: [     Indicate collateral:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
made condition.				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TI	HIS AMENDMENT	Provide only one name (9a o	r 9b) (name of Assignor, if this is an Assign	nment)
	rovide name of author	, ,		
Morgan Stanley Senior Funding, Inc., a	is Collateral	Agent		
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERS		ADDITIONAL NAME(S)/INITIAL(S	) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:  Debtor: ActivPlant Corporation - To be filed with Fulton Coun	200000000000000000000000000000000000000	000000000000000000000000000000000000000		000000000000000000000000000000000000000

UCC FINANCING STATEMENT AMENDA	WENT						
FOLLOW INSTRUCTIONS							
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345	000000000000000000000000000000000000000	000000000000000000000000000000000000000					
B. E-MAIL CONTACT AT FILER (optional)	**************	************					
jmurphy@cahill.com							
C. SEND ACKNOWLEDGMENT TO: (Name and Address)							
James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP							
80 Pine Street							
New York, NY 10005							
100000							
	000000000000000000000000000000000000000				R FILING OFFICE	000000000000000000000000000000000000000	000000000000000000000000000000000000000
1a. initial financing statement file number 0602016-10573, filed 12/21/2016		1	or recorded) in tl) لسنا	ne REAL ESTATE	ENDMENT is to be fi RECORDS rm UCC3Ad) <u>and</u> provided	-	
2. TERMINATION: Effectiveness of the Financing Statement identifications.	fied above is	terminated w	000000000000000000000000000000000000000	0000000000000000000000000000	000000000000000000000000000000000000000	000000000000000	000000000000000000000000000000000000000
3. ASSIGNMENT (full or partial): Provide name of Assignee in item			Assignee in item 7c <u>anc</u>	name of Assigno	r in item 9	000000000000000000000000000000000000000	000000000000000000000000000000000000000
For partial assignment, complete items 7 and 9 and also indicate at	ffected collat	teral in item 8		100000000000000000000000000000000000000	500000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law	ntified above	with respect	o the security interest(s	) of Secured Party	authorizing this Cor	ntinuation	n Statement is
5. PARTY INFORMATION CHANGE:							
Check one of these two boxes: AND C		these three bo.		ADD name: Compl	ete itemDELETE	name: G	Rive record name
This Change affects Debtor or Secured Party of record	item 6a or	6b; <u>and</u> item 7	or 7b <u>and</u> item 7c	7a or 7b, <u>and</u> item 7			em 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Informati	ion Change -	provide only o	ne name (6a or 6b)				
6a, ORGANIZATION'S NAME							
OR 6b. INDIVIDUAL'S SURNAME	FIF	RST PERSON/	L NAME	ADDITIO	DNAL NAME(S)/INITIA	AL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par	maria de la composição			coccoccoccoccoccoccoccoccoccoccoccoccoc	coccoccoccoccoccoccoccoccoccoccoccoccoc	00000000000	h a Dalataria a a mai
7a. ORGANIZATION'S NAME	ny miorinadori Or	nange - provide o	ny <u>one</u> name (ra or rb) (use e.	kade, idii Harne, do noe e	mit, modify, or assireviate	any part or t	ire Debtor 3 Harrie)
OR 7b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
AUDI (ID) (ALIO ADDITIONAL ALAAMI (D) (ALIOTA) (D)							Lauren
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
7. MALINO ADEDEDO	100	T\/		ISTATE	[POSTAL CODE		DOUNTES.
7c. MAILING ADDRESS	CI	1 1		OTATE	POSTAL CODE		COUNTRY
200000000000000000000000000000000000000		000000000000000000000000000000000000000	<u></u>			0000000000000	000000000000000000000000000000000000000
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD col	llaterai [	DELETE collateral	RESTATE	covered collateral	AS	SSIGN collatera
Indicate collateral:							
000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000		000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING				or 9b) (name of As	ssignor, if this is an As	ssignmen	t)
If this is an Amendment authorized by a DEBTOR, check here and 9a. ORGANIZATION'S NAME	provide name	of authorizing	Debtor				
Morgan Stanley Senior Funding, Inc.,	as Call	atoral A	cent				
OR 9b. INDIVIDUAL'S SURNAME		RST PERSON	·	LADDITIC	NAL NAME(S)/INITIA	18) (8)	SUFFIX
SE HADISTOOME & SOMMANIE	Fir	NU PEROUN	AL IVAIVIL	ADDITIC	AVAL PANIE(O)/INI !!A	-L(U)	SUFFIX
***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>				000000000000	000000000000000000000000000000000000000
10. OPTIONAL FILER REFERENCE DATA:	. 0			net raes			
Debtor: Aptean Canada Corporation - To be filed with Fulton	s a mate f	carma 18	irst Lieni (1627)).100	RSI 1221			

UCC FINANCING STATEMENT AMENDM FOLLOW INSTRUCTIONS	ENT			
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345	000000000000000000000000000000000000000	000000 000 000 000		
B. E-MAIL CONTACT AT FILER (optional) jmurphy@cahill.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP 80 Pine Street		000000000000000000000000000000000000000		
New York, NY 10005		20000000000000000000000000000000000000		
		THE ABOVE	SPACE IS FOR FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 0602016-10575, filed 12/21/2016		(or recorded) in the	TATEMENT AMENDMENT is to be filed [f REAL ESTATE RECORDS ent Addendum (Form UCC3Ad) <u>and</u> provide De	
TERMINATION: Effectiveness of the Financing Statement identifier     Statement	d above is terminated	000000000000000000000000000000000000000	***************************************	000000000000000000000000000000000000000
ASSIGNMENT (full or partial): Provide name of Assignee in item 7     For partial assignment, complete items 7 and 9 and also indicate affer.			ame of Assignor in item 9	000000000000000000000000000000000000000
CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law	000000000000000000000000000000000000000	000000000000000000000000000000000000000	occooccoccoccoccoccoccoccoccoccoccoccoc	ation Statement is
5. PARTY INFORMATION CHANGE:	occoordence	http://doi.org/10.1001/	000000000000000000000000000000000000000	000000000000000000000000000000000000000
Check one of these two boxes:  This Change affects Debtor or Secured Party of record	ock <u>one</u> of these three CHANGE name and/o item 6a or 6b; <u>and</u> iter	r address: CompleteAD	DD name: Complete itemDELETE name or 7b, and item 7cto be deleted it	e: Give record name in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information     [6a, ORGANIZATION'S NAME]	Change - provide on	ly <u>one</u> name (6a or 6b)		
OR 85. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provi	de only <u>one</u> name (7a or 7b) (use exac	f, full name; do not omit, modify, or abbreviate any pa	rt of the Debtor's name)
7a. ORGANIZATION'S NAME				
75. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
***************************************		000000000000000000000000000000000000000	000000000000000000000000000000000000000	<u>1000000000000000000000000000000000000</u>
COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes:  Indicate collateral.	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH			9b) (name of Assignor, if this is an Assign	ment)
If this is an Amendment authorized by a DEBTOR, check here and or 9a. ORGANIZATION'S NAME	evide name of authori	zing Debtor		
Morgan Stanley Senior Funding, Inc., a			LADDSTIONAL MARKETONIANT	faures
9b. INDIVIDUAL'S SURNAME	FIRST PERS	UNAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:			000000000000000000000000000000000000000	

UCC FINANCING STATEMENT AMENDATE FOLLOW INSTRUCTIONS	/IENT					
A. NAME & PHONE OF CONTACT AT FILER (optional)  James P. Murphy (212) 701-3345	000000000000000000000000000000000000000	000000000000000000000000000000000000000				
B. E-MAIL CONTACT AT FILER (optional)	***************************************					
jmurphy@cahill.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
James P. Murphy, Senior UCC Paralegal						
Cahill Gordon & Reindel LLP 80 Pine Street						
New York, NY 10005						
			THE ABOVE	SPACE IS EC	R FILING OFFICE U	SE ONLY
13. INITIAL FINANCING STATEMENT FILE NUMBER	000000000000000000000000000000000000000	1	***************************************	ATEMENT AM	ENDMENT is to be filed	***************************************
0602016-10584, filed 12/21/2016  2.  TERMINATION: Effectiveness of the Financing Statement identif	ied above is	terminated wi	Filer: attach Amendmer	nt Addendum (Fo	rm UCC3Ad) <u>and</u> provide D	000000000000000000000000000000000000000
Statement	***************************************	***************************************		***************************************	20000000000000000000000000000000000000	200000000000000000000000000000000000000
ASSIGNMENT (full or partial): Provide name of Assignee in item     For partial assignment, complete items 7 and 9 <u>and</u> also indicate at			Assignee in item 7c <u>and</u> na	me of Assigno	r in item 9	000000000000000000000000000000000000000
CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law	ntified above	with respect t	o the security interest(s) of	Secured Party	r authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE:	hack one of+	hese three box	ras to:			
Check one of these two boxes:  This Change affects Debtor of Secured Party of record	- CHANGE r	name and/or ac	dress: CompleteADI	name: Compl or 7b, <u>and</u> item 7		ne: Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Informational Complete for Party Information (Complete for Party Informational Complete for Party Information (Complete for Party Informatio	ion Change -	provide only <u>o</u>	<u>ne</u> name (6a or 6b)			
OR 85. INDIVIDUAL'S SURNAME	FIF	RST PERSONA	NL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par Tra. ORGANIZATION'S NAME	ty Information Cl	nange - provide or	ily <u>one</u> name (7a or 7b) (use exact,	full name; do not o	mit, modify, or abbreviate any p	art of the Debtor's name)
Ta. Ondarazarron e name						
OR 7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
7c. MAILING ADDRESS	CI	Ϋ́		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD coi	lateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral:						
· · · · · · · · · · · · · · · · · · ·		IDMENT: Pr		9b) (name of A	signor, if this is an Assig	nment)
98. ORGANIZATION'S NAME  MORGAN Stanley Senior Funding Inc.	oc Call	otovol A	gant			
Morgan Stanley Senior Funding, Inc.,		ALCEAN A		ADDITIO	NAL NAME(S)/INITIAL(S	) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:  Debtor: Yaletown Acquiror S.à r.i To be filed with Fulton C	ounty, Geo	reia. IFirs	t Lien) [16270.1005] [2	241		

**REEL: 006945 FRAME: 0745** 

UCC FINANCING STATEMENT AMENDM	ENT			
A. NAME & PHONE OF CONTACT AT FILER (optional)	000000000000000000000000000000000000000	2000 200 200 200 200		
James P. Murphy (212) 701-3345  B. E-MAIL CONTACT AT FILER (optional)	*************************			
jmurphy@cahill.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)		60000000000000000000000000000000000000		
James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP 80 Pine Street	•••••	000000000000000000000000000000000000000		
New York, NY 10005	ŧ	000000000000000000000000000000000000000		
<u></u>		THE ABOVE S	PACE IS FOR FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 21971820, filed 12/20/2016		(or recorded) in the RE	TEMENT AMENDMENT is to be filed [ EAL ESTATE RECORDS Addendum (Form UCC3Ad) <u>and</u> provide De	•
TERMINATION: Effectiveness of the Financing Statement identified Statement	l above is terminated	with respect to the security into	erest(s) of Secured Party authorizing t	his Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7:     For partial assignment, complete items 7 and 9 and also indicate affer.			ne of Assignor in item 9	***************************************
CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law	ied above with respec	t to the security interest(s) of £	Secured Party authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE:			000000000000000000000000000000000000000	000000000000000000000000000000000000000
	ck <u>one</u> of these three t CHANGE name and/or item 6a or 6b; <u>and</u> item		name: Complete item DELETE nam 7b, and item 7c DELETE nam	e: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information  [5a. ORGANIZATION'S NAME]	******************************	**************		
OR 85. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party I 7a. ORGANIZATION'S NAME	nformation Change - provide	only one name (7a or 7b) (use exact, fu	ill name; do not omit, modify, or abbreviate any pa	nt of the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INSTRUMENTAL CONTROL INC.				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		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.				
000000000000000000000000000000000000000	300000000000000000000000000000000000000	000000000000000000000000000000000000000	***************************************	000000000000000000000000000000000000000
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THE If this is an Amendment authorized by a DEBTOR, check here and present of the pr</li></ol>	IIS AMENDMENT:  ovide name of authorizi		o) (name of Assignor, if this is an Assign	ment) 
Morgan Stanley Senior Funding, Inc., a				
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:  Debtor: CSI-2, INC To be filed with the Secretary of State of I	Missais Ofice	- 1	000000b0000000000000000000000000000000	000000000000000000000000000000000000000

	FINANCE WINSTRUCTE	 ATEMENT	AMEN
	me & phone o mes P. Mur		ptional)
8	MAIL CONTACT	optional)	************

### VDMENT

C. SEND ACKNOWLEDGMENT TO: (Name and Address) James P. Murphy, Senior UCC Paralegal Cahill Gordon & Reindel LLP 80 Pine Street New York, NY 10005 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE NUMBER This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS 2017072601383, filed 07/26/2017 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 Statement 3. 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 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c ADD name: Complete item 7a or 7b, <u>and</u> item 7c DELETE name: Give record name to be deleted in item 6a 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 8b. 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 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 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 Morgan Stanley Senior Funding, Inc., as Collateral Agent 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10. OPTIONAL FILER REFERENCE DATA

International Associ**TRADEMARK** ministrators (IACA)

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11) **REEL: 006945 FRAME: 0747** 

Debtor: Apprise Software, Inc. - To be filed with the Secretary of the Commonwealth of Pennsylvania. [First Lien] [16270.1005] [26]