

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Shashamane Ethiopia Federal Agents Association The 202-280-7317
B. E-MAIL CONTACT AT FILER (optional) legal.gov@ewfusa.org
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Shashamane Ethiopia Federal Agents Association The 202-280-7317 Shashamane Ethiopia Federal Agents Association The 405 Lexington Avenue, Chrysler Building 25th & 26th Floors

Date of Filing : 11/18/2014
Time of Filing : 12:23:00 AM
File Number : 2014-322-6991-5
Lapse Date : NONE

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
2014-245-0283-9

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 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

4. 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:
Check one of these two boxes: AND Check one of these three boxes to:
This Change affects Debtor or Secured Party of record CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item 7a or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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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
SHASHAMANE ETHIOPIA FEDERAL AGENTS ASSOCIATION THE

OR

7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS 305A Halsey St	CITY BROOKLYN	STATE NY	POSTAL CODE 11216	COUNTRY USA
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8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral

Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME
Shashamane Ethiopia Federal Agents Association The

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:
SHASHAMANE ETHIOPIA FEDERAL AGENTS ASSOCIATION THE (SEFAA) - Branch 305A Halsey St BROOKLYN, NY 11216 USA DUNS# 079593605 This Financing Statement AMENDMENT is to be filed for record and recorded in the Real Estate Records as a fixture filing

UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

19. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form	
20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	
20a. ORGANIZATION'S NAME	
OR	
20b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

21. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
21a. ORGANIZATION'S NAME				
SHASHAMANE ETHIOPIA FEDERAL AGENTS ASSOCIATION Organization/Tradename-Trademark				
OR				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
305A Halsey St	BROOKLYN	NY	11216	USA

22. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (22a or 22b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
22a. ORGANIZATION'S NAME				
SEFAA				
OR				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
305A Halsey St	BROOKLYN	NY	11216	USA

23. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (23a or 23b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
23a. ORGANIZATION'S NAME				
SHASHAMANE ETHIOPIA FEDERAL AGENTS ASSOCIATION THE (SEFAA) Organization/Tradename-Trademark				
OR				
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
305A Halsey St	BROOKLYN	NY	11216	USA

24. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <u>or</u> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (24a or 24b)				
24a. ORGANIZATION'S NAME				
OR				
24b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
24c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

25. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <u>or</u> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (25a or 25b)				
25a. ORGANIZATION'S NAME				
OR				
25b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
25c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

26. MISCELLANEOUS:

UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

19. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form	
20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	
20a. ORGANIZATION'S NAME	
OR	
20b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

21. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
21a. ORGANIZATION'S NAME				
SHASHAMANE ETHIOPIA FEDERAL AGENTS ASSOCIATION (SEFAA)				
OR				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
305A Halsey St	BROOKLYN	NY	11216	USA

22. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (22a or 22b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
22a. ORGANIZATION'S NAME				
SHASHAMANE ETHIOPIA FEDERAL AGENTS ASSOCIATION THE (SEFAA)				
OR				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
305A Halsey St	BROOKLYN	NY	11216	USA

23. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (23a or 23b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
23a. ORGANIZATION'S NAME				
SHASHAMANE ETHIOPIA AGENTS ASSOCIATION (SEFAA)				
OR				
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
405 Lexington Avenue, Chrysler Building 25th & 26th Floors	NEW YORK	NY	10174	USA

24. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <i>or</i> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (24a or 24b)				
24a. ORGANIZATION'S NAME				
OR				
24b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
24c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

25. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <i>or</i> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (25a or 25b)				
25a. ORGANIZATION'S NAME				
OR				
25b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
25c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

26. MISCELLANEOUS: