

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|--|----------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 662-4141 | |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address) | 15746 US BANK-MANIFE |
| UCC Direct Services | 10030908 |
| P.O. Box 29071 | RIRI |
| Glendale, CA 91209-9071 | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

| | | | | |
|---|----------------------------|---|--|--|
| 1a. ORGANIZATION'S NAME THE KENT CENTER FOR HUMAN & ORGANIZATIONAL DEVELOPMENT, INC. | | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 1c. MAILING ADDRESS 300 CENTERVILLE RD SUMMIT STE 301-S | | CITY WARWICK | STATE RI | POSTAL CODE 02886 |
| 1d. <u>SEE INSTRUCTIONS</u> | | 1e. TYPE OF ORGANIZATION CORPORATION | 1f. JURISDICTION OF ORGANIZATION RI | 1g. ORGANIZATIONAL ID #, if any 51698 <input type="checkbox"/> NONE |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

| | | | | |
|-----------------------------|----------------------------|--------------------------|----------------------------------|---|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| 2d. <u>SEE INSTRUCTIONS</u> | | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

| | | | | |
|---------------------------------------|----------------------------|---------------------|-------------|---------------------------|
| 3a. ORGANIZATION'S NAME US BANCORP | | | | |
| OR | 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 3c. MAILING ADDRESS PO Box 580337 | | CITY Minneapolis | STATE MN | POSTAL CODE 55458-0337 |

4. This FINANCING STATEMENT covers the following collateral:

1 - SAGE MIP FUND ACCOUNTING SOFTWARE (5 SEATS), INCLUDING: GENERAL LEDGER W/REPORT WRITER ACCOUNTS PAYABLE BUDGET MANAGEMENT BANK RECONCILIATION DATA IMPORT/EXPORT SYSTEM MANAGER W/3 USERS AND 5 DATABASES INTERFACE TO REVENUE MANAGER ALLOCATIONS MANAGEMENT ACCOUNTS RECEIVABLE REPORTING ACCOUNTS RECEIVABLE BILLING 1 - SAGE FAS NONPROFIT 500 FIXED ASSETS: TRACK PACK (3 SEATS), INCLUDING FAS NONPROFIT 500 ASSET ACCOUNTING FAS NONPROFIT 500 ASSET INVENTORY FAS REPORT WRITER 1 - SYMBOL PPT 8800 HAND SCANNER FOR BAR CODE SCANNING

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum if applicable! 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 [ADDITIONAL FEE] [optional]

8. OPTIONAL FILER REFERENCE DATA

10030908

699163

6160002114