* U C C 3 * UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY
A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
BANK RHODE ISLAND

BANK RHODE ISLAND PO BOX 9488 PROVIDENCE RI 02940 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1s. INITIAL FINANCING STATEMENT FILE # 704873 11/26/99 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law. 1. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of the Secured Party outhorizing this Continuation Statement is continued for the additional period provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in left finance of cits also give name of assignor in item 9. CHANGE name and/or address: Give current record name in left finance of cits also give name. Items 6 and/or 7. CHANGE name and/or address: Give current record name in left finance in items 6 and/or 7. CHANGE name and/or address: Give current record name in left finance in the finance in them 6 or 6 b; also give new or to be deleted in item 6 or 6 b. Idea of Course of the secured party of finance change in item 7a or 7b and/or new address change) in item 7c. also complete items 7d-7g (if applic 6c. URRENT RECORD INFORMATION: Go. CORRENTATIONS NAME PG IMTECH OF CALIFORNIA FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME SUFFIX
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. CHANGED (NEW) OR ADDED INFORMATION:
7a. ORGANIZATION'S NAME
75. INDIVIDUAL'S LAST NAME FIRST NAME
76. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX
c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR
35 VALLEY STREET PROVIDENCE RI 02908 USA
1. TAX ID #: SSN OR EIN NOT REQUIRED IN ORGANIZATION ORGANIZATION ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any
RHODE ISLAND DEBTOR
AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.
AS CONTINUED BY FILING #200401584220 ON 9/24/04 @11:18AM
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor wadds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.
9a. ORGANIZATION'S NAME
BANK RHODE ISLAND
9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
OPTIONAL FILER REFERENCE DATA HODE ISLAND SECRETARY OF STATE