

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional]
Mark Fitzpatrick 401-333-3789

B. SEND ACKNOWLEDGMENT TO: [Name and Address]

**Nephros Therapeutics Development Corporation
6 Court Drive
Lincoln, RI 02865**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE#
018625

1b. THE FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) if the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **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 record. Check only one of these two boxes..

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. **DELETE** name: Give record name to be deleted in item 6a or 6b. **ADD** name: Complete item in 7a or 7b, and also item 7c, also complete items 7d-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME

OR **Nephros Therapeutics Development Corporation**

6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

7d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND

ADD'L INFO RE ORGANIZATION DEBTOR

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any

NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this an Assignment). If this is an Amendment authorized by a Debtor which adds 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

OR **Small Business Loan Fund Corporation**

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**

Rhode Island Secretary of State



RECEIVED
RI SECRETARY OF STATE
UCC DIVISION

018625

UCC FINANCING STATEMENT

2003 FEB 27 PM 3:36

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Natalie A. Jackvony 401-453-3600

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Natalie A. Jackvony, Esq.
Moses & Afonsc Ltd.
170 Westminster Street
Suite 201
Providence, Rhode Island 02903

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
Nephros Therapeutics Development Corporation

OR 1b. INDIVIDUAL'S LAST NAME

2. MAILING ADDRESS
6 Court Drive

CITY: **Lincoln** STATE: **RI** POSTAL CODE: [] COUNTRY: **USA**

1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND
ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION
Corporation

1f. JURISDICTION OF ORGANIZATION
Delaware

1g. ORGANIZATIONAL ID #, if any
DE-3495743 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

3. MAILING ADDRESS

CITY: [] STATE: [] POSTAL CODE: [] COUNTRY: []

TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND
ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any NONE

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
Small Business Loan Fund Corporation

OR 3b. INDIVIDUAL'S LAST NAME

3c. MAILING ADDRESS
One West Exchange Street

CITY: **Providence** STATE: **RI** POSTAL CODE: **02903** COUNTRY: **USA**

4. This FINANCING STATEMENT covers the following collateral:

All Equipment now or hereafter owned by the Debtor, located in or upon Debtor's facility at 6 Court Drive, Lincoln, Rhode Island or otherwise located in the State of Rhode Island, including but not limited to, a purchase money security interest in any equipment, the purchase of which is financed by the Secured Party.

ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

This FINANCING STATEMENT is to be recorded (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addend 7. TO REQUEST A SEARCH REPORT, FILE A UCC11

ADDITIONAL FILER REFERENCE DATA

Rhode Island Secretary of State