



**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	
<p><b>After Filing Return To:</b>  <b>CT CORPORATION</b>          17 South High Street          Columbus, OH 43215</p>	
FILING 1ST	
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				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
BERROA		KELVIN		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
79 FAIRVIEW AVENUE		PAWTUCKET	RI	02860
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
		Sole Proprietorship	RHODE ISLAND	
				<input checked="" 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. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	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				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
GLENDOCK FINANCE COMPANY				
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
AIB INTERNATIONAL CENTRE		IFS		DUBLIN 1
				IRELAND

**4. This FINANCING STATEMENT covers the following collateral:**

The Distribution Rights granted to Debtor pursuant to that certain Bill of Sale and that certain Distribution Agreement, each dated as of April 16, 2007, by and between Debtor and George Weston Bakeries Distribution Inc. (as hereafter amended, modified or supplemented, the "Distribution Agreements"), together with other assets used by the Debtor in the operation of his/her business;

b) a certain Norand handheld computer and a certain Norand van mounted printer;

c) all equipment, inventory, accounts, good, property, contract rights, chattel paper and general intangibles related to or arising from Borrower's business, whether now or hereafter existing or acquired and wherever located;

d) any and all accessions, replacements and additions to or of the foregoing; and

e) all cash or non-cash proceeds (including insurance proceeds) of the foregoing.

5. ALTERNATIVE DESIGNATION	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LEIN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) or recorded in the REAL ESTATE RECORDS (Attach addendum) (if applicable)	7. Check to REQUEST REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	
8. OPTIONAL FILER REFERENCE DATA			40501341			6928761-EC