

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)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 013528	September 12, 2002	1b. This 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) of 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 <u>or</u> ☐ Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7. ☐ CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. ☐ DELETE name: Give record name to be deleted in item 6a or 6b. ☐ ADD name: Complete item 7a or 7b, and also item 7c, also complete items 7e-7g (if applicable).		
6. CURRENT RECORD INFORMATION:		
6a. ORGANIZATION'S NAME Care New England Health System (DEBTOR)		
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:		
7a. ORGANIZATION'S NAME U.S. Bank National Association		
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME SUFFIX
7c. MAILING ADDRESS P.O. Box 960778, Corporate Trust Services		
CITY Boston STATE MA POSTAL CODE 02196-0778 COUNTRY USA		
7d. SEE INSTRUCTIONS	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.
File with Rhode Island - Secretary of State
See Addendum for additional debtors.

9. 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 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 State Street Bank and Trust Company, as Trustee			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME SUFFIX	
10. OPTIONAL FILER REFERENCE DATA MATTER #131072 DF #5790-038			

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

013528 September 12, 2002

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

State Street Bank and Trust Company, as Trustee

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

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ADDITIONAL DEBTORS:

Kent County Memorial Hospital

Women and Infants Hospital

Butler Hospital

Women & Infants Corporation