

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. NAME &amp; PHONE OF CONTACT AT FILER [optional]</b><br>Betty G. Smith (704) 331-7526                                                                                                                         |
| <b>B. SEND ACKNOWLEDGEMENT TO: (Name and Address)</b><br>Kennedy Covington Lobdell & Hickman, L.L.P.<br>Hearst Tower<br>214 N. Tryon Street, 47 <sup>th</sup> Floor<br>Charlotte, NC 28202<br>Attn: Betty G. Smith |

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<br>BrokerNet USA, Inc.      |                                   |                                         |                                                  |                                                                           |
| OR                                                  | 1b. INDIVIDUAL'S LAST NAME        |                                         |                                                  |                                                                           |
|                                                     | FIRST NAME                        | MIDDLE NAME                             | SUFFIX                                           |                                                                           |
| 1c. MAILING ADDRESS<br>14 International Way, Unit 3 |                                   | CITY<br>Warwick                         | STATE<br>RI                                      | POSTAL CODE<br>02886                                                      |
|                                                     |                                   |                                         | COUNTRY<br>USA                                   |                                                                           |
| 1d. SEE INSTRUCTIONS                                | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION<br>Corporation | 1f. JURISDICTION OF ORGANIZATION<br>Rhode Island | 1g. ORGANIZATIONAL ID#, if any<br>RI-102575 <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                                                  |
|                         |                                   |                          | COUNTRY                          |                                                              |
| 2d. SEE INSTRUCTIONS    | 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<br>Wachovia Bank, National Association, as Administrative Agent |                            |                   |                |                      |
| OR                                                                                      | 3b. INDIVIDUAL'S LAST NAME |                   |                |                      |
|                                                                                         | FIRST NAME                 | MIDDLE NAME       | SUFFIX         |                      |
| 3c. MAILING ADDRESS<br>201 S. College Street, CP-8, NC-0680                             |                            | CITY<br>Charlotte | STATE<br>NC    | POSTAL CODE<br>28288 |
|                                                                                         |                            |                   | COUNTRY<br>USA |                      |

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

All assets of the Debtor now owned or at any time hereafter acquired or in which the Debtor now has or at any time in the future may acquire any interest and all proceeds thereof.

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) [ADDITIONAL FEE] [optional]  All Debtors  Debtor 1  Debtor 2

**8. OPTIONAL FILER REFERENCE DATA**

Rhode Island Secretary of State - Second Lien