

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                             |                      |
|---------------------------------------------------------------------------------------------|----------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Phone: (800) 331-3282 Fax: (818) 662-4141 |                      |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 14805 NATIONAL CITY                          |                      |
| UCC Direct Services<br>P.O. Box 29071<br>Glendale, CA 91209-9071                            | 11538418<br><br>RIRI |

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>Crown Mortgage Corp |                                         |                                         |                                        |             |                                                                         |                |
| OR                                             | 1b. INDIVIDUAL'S LAST NAME              |                                         | FIRST NAME                             | MIDDLE NAME | SUFFIX                                                                  |                |
| 1c. MAILING ADDRESS<br>1615 Pontiac Avenue     |                                         |                                         | CITY<br>Cranston                       | STATE<br>RI | POSTAL CODE<br>02920                                                    | COUNTRY<br>USA |
| 1d. SEE INSTRUCTIONS                           | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 1e. TYPE OF ORGANIZATION<br>CORPORATION | 1f. JURISDICTION OF ORGANIZATION<br>RI |             | 1g. ORGANIZATIONAL ID #, if any<br>114925 <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<br>ORGANIZATION<br>DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION |             | 2g. ORGANIZATIONAL ID #, if any<br><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>National City Bank             |                            |  |                    |             |                      |                |
| OR                                                        | 3b. INDIVIDUAL'S LAST NAME |  | FIRST NAME         | MIDDLE NAME | SUFFIX               |                |
| 3c. MAILING ADDRESS<br>One East Fourth St NCWR MS C -190D |                            |  | CITY<br>Cincinnati | STATE<br>OH | POSTAL CODE<br>45202 | COUNTRY<br>USA |

4. This FINANCING STATEMENT covers the following collateral:

All mortgage loans for which National City Warehouse Resources, a division of National City Bank advances warehouse funds; to include on said loans all Mortgage Loan Documents including, without limitation, all Mortgage Notes, Mortgages and Assignments of Mortgages relating to the Mortgage Loans; all rights to service or subservice the Mortgage Loans; all certificates, notes and other securities of any kind whatsoever, residual or otherwise, issued to Borrower or now or hereafter owned, held or acquired by Borrower in connection with or related to any mortgage loan securitization or any asset-back transaction involving the Mortgage Loans; all of Borrower's rights under contracts or agreements to which Borrower is party (but none of its covenants, obligations or liabilities thereunder) in connection with the Mortgage Loans, including all contracts or agreements with all Third Party Investors and all attorney's opinions of title and title insurance policies; the Cash Collateral Account and all funds in the Cash Collateral Account; and all Proceeds of any and all of the foregoing Collateral in whatever form, including but not limited to, all payments made by Mortgageors to Borrower in connection with the Mortgage Loans and all premiums paid to Borrower by Third Party Investors in connection with the sales of the Mortgage Loans

|                                                                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 5. ALTERNATIVE DESIGNATION [if applicable] <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAIOLR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <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 SEARCH REPORT(S) on Debtor(s) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 [optional]                                                                                                                 |  |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                                                                                                                                                                      |  |

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