

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>3465705-2                                                                                 |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>THE MILFORD NATIONAL BANK & TRUST CO<br>300 EAST MAIN STREET<br>MILFORD, MA 01757-0228 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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| 1a. INITIAL FINANCING STATEMENT FILE #<br>200401171330 04/23/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.<br><input type="checkbox"/> |  |
| 2. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes.<br>Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b.<br><input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). |  |                                                                                                                                          |  |
| 6. CURRENT RECORD INFORMATION:<br>6a. ORGANIZATION'S NAME<br>BRANCH RIVER PLASTICS INC.<br>OR<br>6b. INDIVIDUAL'S LAST NAME<br>FIRST NAME<br>MIDDLE NAME<br>SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                          |  |
| 7. CHANGED (NEW) OR ADDED INFORMATION:<br>7a. ORGANIZATION'S NAME<br>OR<br>7b. INDIVIDUAL'S LAST NAME<br>FIRST NAME<br>MIDDLE NAME<br>SUFFIX<br>7c. MAILING ADDRESS<br>CITY<br>STATE<br>POSTAL CODE<br>COUNTRY<br>7d. TAX ID #: SSN OR EIN<br>ADD'L INFO RE ORGANIZATION DEBTOR<br>7e. TYPE OF ORGANIZATION<br>7f. JURISDICTION OF ORGANIZATION<br>7g. ORGANIZATIONAL ID #, if any<br><input checked="" type="checkbox"/> NONE                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                          |  |
| 8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.<br>Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                          |  |
| 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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.<br>9a. ORGANIZATION'S NAME<br>THE MILFORD NATIONAL BANK & TRUST CO.<br>OR<br>9b. INDIVIDUAL'S LAST NAME<br>FIRST NAME<br>MIDDLE NAME<br>SUFFIX                                                                                                                                                                                                                           |  |                                                                                                                                          |  |
| 10. OPTIONAL FILER REFERENCE DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                          |  |