

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                 |  |
|---------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]                                  |  |
| 312-345-4345                                                                    |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)                                   |  |
| Scott White<br>CT<br>208 South LaSalle Street<br>Suite 814<br>Chicago, IL 60604 |  |
| Filer Ref #: 555479                                                             |  |
| Filed with: RI:Secretary of State                                               |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                   |                                   |                                      |                                               |                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------|
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names            |                                   |                                      |                                               |                                                                            |
| 1a. ORGANIZATION'S NAME GTECH Printing Corporation                                                                                |                                   |                                      |                                               |                                                                            |
| OR                                                                                                                                |                                   |                                      |                                               |                                                                            |
| 1b. INDIVIDUAL'S LAST NAME                                                                                                        |                                   | FIRST NAME                           | MIDDLE NAME                                   | SUFFIX                                                                     |
| 1c. MAILING ADDRESS 2401 Police Center Drive, Suite 110                                                                           |                                   |                                      |                                               |                                                                            |
| CITY                                                                                                                              |                                   | STATE                                | POSTAL CODE                                   | COUNTRY                                                                    |
| Plant City                                                                                                                        |                                   | FL                                   | 33565                                         | US                                                                         |
| 1d. TAX ID #: SSN OR EIN                                                                                                          | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION Corporation | 1f. JURISDICTION OF ORGANIZATION Rhode Island | 1g. ORGANIZATIONAL ID #, if any F06000007295 <input type="checkbox"/> NONE |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> 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. 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 <u>one</u> secured party name (3a or 3b)        |                                   |                                      |                                               |                                                                            |
| 3a. ORGANIZATION'S NAME E. I. DuPont de Nemours & Company                                                                         |                                   |                                      |                                               |                                                                            |
| OR                                                                                                                                |                                   |                                      |                                               |                                                                            |
| 3b. INDIVIDUAL'S LAST NAME                                                                                                        |                                   | FIRST NAME                           | MIDDLE NAME                                   | SUFFIX                                                                     |
| 3c. MAILING ADDRESS Routes 141 & 48, Barley Mill Plaza 30                                                                         |                                   |                                      |                                               |                                                                            |
| CITY                                                                                                                              |                                   | STATE                                | POSTAL CODE                                   | COUNTRY                                                                    |
| Wilmington                                                                                                                        |                                   | DE                                   | 19805                                         | US                                                                         |

4. This FINANCING STATEMENT covers the following collateral:  
Pursuant to a certain Cyrel® Sales Agreement #FP026 (the "Agreement") by and between GTECH Printing Corporation ("Customer") and E. I. Du Pont de Nemours and Company ("DuPont"), DuPont will loan certain Equipment (the "Equipment") to GTECH Printing Corporation as such Equipment is more particularly described in the Agreement, as amended from time to time. Title to the Equipment will remain with DuPont.

|                                                                                                                                   |                                                                               |                     |                               |              |          |                |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------|-------------------------------|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION [if applicable]:                                                                                       | LESSEE/LESSOR                                                                 | CONSIGNEE/CONSIGNOR | BAILEE/BAIOLR                 | 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                                                                                                  |                                                                               |                     |                               |              |          |                |

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