



\* U C C 3 \*

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

RECEIVED
RI SECRETARY OF STATE
UCC DIVISION

2002 MAR 20 AM 10:09

A. NAME & PHONE OF CONTACT AT FILER (optional)
ARLEEN SCUNGIO 401-421-3600
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
FIRST BANK AND TRUST COMPANY
180 WASHINGTON STREET
PROVIDENCE RI 02903

0018090

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
709841

1b. This FINANCING STATEMENT AMENDMENT is
to be filed (for record) (or recorded) in the
REAL ESTATE RECORDS.

2. [X] 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 or [ ] Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

[ ] 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. [ ] 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 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

SWEET TEMPTATIONS, INC.

Table with 4 columns: 6b. INDIVIDUAL'S LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

Table with 4 columns: 7b. INDIVIDUAL'S LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

7c. MAILING ADDRESS

Table with 4 columns: CITY, STATE, POSTAL CODE, COUNTRY

Table with 4 columns: 7d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND, ADD'L INFO RE ORGANIZATION DEBTOR, 7e. TYPE OF ORGANIZATION, 7f. JURISDICTION OF ORGANIZATION, 7g. ORGANIZATIONAL ID #, if any

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral [ ] deleted or [ ] added, or give entire [ ] restated collateral description, or describe collateral [ ] 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 [ ] and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

FIRST BANK AND TRUST COMPANY

Table with 4 columns: 9b. INDIVIDUAL'S LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

10. OPTIONAL FILER REFERENCE DATA

3/21/2000 AT 9:12 AM