-							
	•						
шсс	CEMANCING	STATEMENT AMENDMEN	:T				
		(front and back) CAREFULLY	1 1				
A. NA	AME & PHONE OF CO	NTACT AT FILER [optional]					
	lly Feely (781-573-	1352) IENT TO: (Name and Address)		-			
D. 3L	r—	ENT TO: (Name and Address)		1			
l	Randolph Sav	ings Bank		l			
	10 Cabot Place	8					
1	Stoughton, MA	A 02072					
<u> </u>		15 15 15 15 15 15 15 15 15 15 15 15 15 1				R FILING OFFICE USE (
1a. INITIAL FINANCING STATEMENT FILE # (For filings with the Registry of Deeds in Maine, please provide the book and page in Original filing #200401416530 dated 7/23/04					□ 10 b	e filed [for record] (or records	
011							
2.		ctiveness of the Financing Statement identified above					
3. X	CONTINUATION: Ef	fectiveness of the Financing Statement identified abound period provided by applicable law.	ove with respect to	security interest(s) of the Secured	Party autho	onzing this Continuation State	ement is
4.	ASSIGNMENT (full or	partial): Give name of assignee in Item 7a or 7b and	address of assigned	e in item 7c; and also give name of a	assignor In	item 9.	
	•	· ' '		red Party of record. Check only on	e of these t	wo boxes.	
Als	CHANGE name and/or a	ing three boxes <u>and</u> provide appropriate information in address: Give current record name in item 6a or 6b; al	so give new	DELETE name: Give record name	□ AE	D name: Complete item 7a	pr 7b, and also
6. CI	J name (<u>((name change) i</u> URRENT RECORD (NI	n item 7a or 7b and/or new address (if address change FORMATION: (For filings with the Registry		I to be deleted in item 6a or 6b. ine, Item 10 must provide cum		m 7c; also complete items 7d information, not item 6)	- /g (if applicable)
- 1	6a. ORGANIZATION'S NA						
	Modern Realty Co		FIRST NAME		MIDDLE	NAME	SUFFIX
	DD. INDIVIDUAL S CAST	NAME	FIRST NAME		N. Docc	NOWE	
7. C	HANGED (NEW) OR AD	DDED INFORMATION:	,	- "W-		. 	
ſ	7a. ORGANIZATION'S N	AME					
OR -	7b. INDIVIDUAL'S LAST	INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
7c. M	AILING ADDRESS		CITY	· - · · · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTRY
	TAY ID # CON OR FIN	LADDY INFO DE LA TARRE OF OPCANIZATION	76 HUDIEDICT	ION OF ORCANIZATION	70 080	ANIZATIONAL ID #, if any	
7d. 1	FAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR	7. JURISDICTI	ION OF ORGANIZATION	rg. ORG	ANIZATIONAL ID #, II alily	Non
		TERAL CHANGE): check only one box.			'		
De	escribe collateral 🔲 dele	eled or added, or give entire restated collate	eral description, or	describe collateral assigned.			
All	of the Debtors per	rsonal property and fixtures, now own	ed and hereal	fter acquired by Debtor o	r in whi	ch Debtor has or ma	y hereafter
acq	uire an interest, w	hether now existing or hereafter arisi	ng, including	the following, and all pro	ceeds a	and products thereof	: inventory,
equ	Jipment, fixtures, a	accounts, general intangibles, chattel	paper, instrur	ments, documents, depos	sit acco	unts, letter-of-credit	rights,
inv	estment property,	and all books and records relating to	any of the for	egoing.			
9. N	IAME OF SECURED F	PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name o	of assignor, if this is an Assignment). If	f this is an A	mendment authorized by a Del	btor which
a F	dds collateral or adds the ar or filings with the Reg i	uthorizing Debtor, or If this is a Termination authorized by istry of Deeds in Maine, Item 9 must provide	a Debtor, check her current secured (e	authorizin	g this Amendment.	
	ga. ORGANIZATION'S NAME Randolph Savings Bank						
OR	9b. INDIVIDUAL'S LAST		FIRST NAME		MIDDLE	NAME	
			L				SUFFIX
10.	OPTIONAL FILER REFER	ENCE DATA (For filings with the Registry of Deeds in M	aine, Item 10 must p	rovide current debtor information)			
Na	ime of Current De	ebtor(s):					