UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS (front and back) CAREFULLY	IT		
A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
53665452 - 358660			
Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703			
Filed In: Rhode Island			
1a. INITIAL FINANCING STATEMENT FILE # 647734 1/29/1996		1b. This FINANCING STATEME to be filed [for record] (or re REAL ESTATE RECORDS.	ENT AMENDMENT is corded) in the
 TERMINATION: Effectiveness of the Financing Statement identified above in a CONTINUATION: Effectiveness of the Financing Statement identified above. 			
continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Dec.	address of assignee in item 7c; and also give name	*****	
Also check one of the following three boxes and provide appropriate information in CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	items 6 and/or 7. DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a o	r7b, and also item 7c; dicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME AURORA ELECTRIC, INC.			
OR 6b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
OR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if al	. —
8. AMENDMENT (COLLATERAL CHANGE): check only one box.		<u> </u>	NONE
Describe collateral deleted or { added, or give entire restated collater	al description, or describe collateral assigne	ed.	•
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME Sovereign Bank		oment). If this is an Amendment authoriz EBTOR authorizing this Amendment.	ed by a Debtor which
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA 0447 - 50168017 Debtor:	AURORA ELECTRIC, INC.	<u> </u>	53665452