

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|  |  |
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| <b>A. NAME &amp; PHONE OF CONTACT AT FILER [optional]</b><br>Corporation Service Company 1-800-858-5294  |  |
| <b>B. SEND ACKNOWLEDGMENT TO: (Name and Address)</b><br><br>62416047 - 337430<br><br>Corporation Service Company<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703-4261<br><br><div style="text-align: right;">Filed In: Rhode Island (S.O.S.)</div> |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|   |                                   |  |                                  |
|---|-----------------------------------|--|----------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>009245 4/26/2002  |                                   | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.<br><input type="checkbox"/> |                                  |
| 2. <input type="checkbox"/> <b>TERMINATION:</b> 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 checked="" type="checkbox"/> <b>CONTINUATION:</b> 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"/> <b>ASSIGNMENT</b> (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. <b>AMENDMENT (PARTY INFORMATION):</b> 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"/> <b>CHANGE</b> name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> <b>DELETE</b> name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> <b>ADD</b> name: Complete item 7a or 7b, and also item 7c, also complete items 7e-7g (if applicable). |                                   |  |                                  |
| 6. <b>CURRENT RECORD INFORMATION:</b>   |                                   |  |                                  |
| 6a. ORGANIZATION'S NAME MACHINEX CORP   |                                   |  |                                  |
| OR  |                                   |  |                                  |
| 6b. INDIVIDUAL'S LAST NAME  |                                   | FIRST NAME   | MIDDLE NAME                      |
|   |                                   |  | SUFFIX                           |
| 7. <b>CHANGED (NEW) OR ADDED INFORMATION:</b>   |                                   |  |                                  |
| 7a. ORGANIZATION'S NAME   |                                   |  |                                  |
| OR  |                                   |  |                                  |
| 7b. INDIVIDUAL'S LAST NAME  |                                   | FIRST NAME   | MIDDLE NAME                      |
|   |                                   |  | SUFFIX                           |
| 7c. MAILING ADDRESS   |                                   | CITY   | STATE                            |
|   |                                   | POSTAL CODE  | COUNTRY                          |
| 7d. <b>SEE INSTRUCTIONS</b>   | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION   | 7f. JURISDICTION OF ORGANIZATION |
|   |                                   | 7g. ORGANIZATIONAL ID #, if any  |                                  |
|   |                                   | <input type="checkbox"/> NONE  |                                  |
| 8. <b>AMENDMENT (COLLATERAL CHANGE):</b> 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.   |                                   |  |                                  |

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|--|--|------------|-------------|
| 9. <b>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT</b> (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. |  |            |             |
| 9a. ORGANIZATION'S NAME RBS Citizens, N.A. successor by merger to Citizens Bank of Rhode Island  |  |            |             |
| OR   |  |            |             |
| 9b. INDIVIDUAL'S LAST NAME   |  | FIRST NAME | MIDDLE NAME |
|  |  |            | SUFFIX      |
| 10. <b>OPTIONAL FILER REFERENCE DATA</b> 001-8018022-0101 550000   |  |            |             |

62416047