

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional]

B. SEND ACKNOWLEDGMENT TO: [Name and Address]

BANK RHODE ISLAND  
ATTN: LOAN SERVICING  
PO BOX 9488  
PROVIDENCE, RI 02940-9488

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

|   |                                   |                          |                                  |                                 |                               |
|---|-----------------------------------|--------------------------|----------------------------------|---------------------------------|-------------------------------|
| 1a. ORGANIZATION'S NAME                               |                                   |                          |                                  |                                 |                               |
| OR CIRCUIT REAL ESTATE, INC.                          |                                   |                          |                                  |                                 |                               |
| 1b. INDIVIDUAL'S LAST NAME                            |                                   | FIRST NAME               | MIDDLE NAME                      | SUFFIX                          |                               |
| 1c. MAILING ADDRESS                                   |                                   | CITY                     | STATE                            | POSTAL CODE                     | COUNTRY                       |
| 200 CIRCUIT DRIVE                                     |                                   | NORTH KINGSTOWN          | RI                               | 02852                           | USA                           |
| 1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any |                               |
|   |                                   | CORPORATION              | RI                               | 94961                           | <input type="checkbox"/> NONE |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: - insert only one 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 NOT REQUIRED IN RHODE ISLAND | 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 one secured party name (3a or 3b)

|                            |  |            |             |             |         |
|----------------------------|--|------------|-------------|-------------|---------|
| 3a. ORGANIZATION'S NAME    |  |            |             |             |         |
| OR BANK RHODE ISLAND       |  |            |             |             |         |
| 3b. INDIVIDUAL'S LAST NAME |  | FIRST NAME | MIDDLE NAME | SUFFIX      |         |
| 3c. MAILING ADDRESS        |  | CITY       | STATE       | POSTAL CODE | COUNTRY |
| ONE TURKS HEAD PLACE       |  | PROVIDENCE | RI          | 02903       | USA     |

4. This FINANCING STATEMENT covers the following collateral:

THIS FINANCING STATEMENT IS BEING FILED TO PERFECT A SECURITY INTEREST IN THE COLLATERAL DESCRIBED IN THE LAPSED FINANCING STATEMENT BEARING No. 200806149880 BETWEEN THE FOREGOING DEBTOR AND SECURED PARTY ORIGINALLY FILED ON 4-8-08 @ 11:32 AM.

5. ALTERNATIVE DESIGNATION (if applicable):  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  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. TO REQUEST A SEARCH REPORT, FILE A UCC11

8. OPTIONAL FILER REFERENCE DATA:

RI SECRETARY OF STATE