UCC FINANCING STATEMENT AMENDMEN	т				
FOLLOWINSTRUCTIONS	· ·	-			
A. NAME & PHONE OF CONTACT AT FILER (optional) Tawny M Beckmann, Sr CLA 401-348-1682					
B. E-MAIL CONTACT AT FILER (optional) tmbeckmann@washtrust.com		1			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
John W. Kennedy, Vice President					
The Washington Trust Company 236 Centerville Rd.					
Warwick, RI 02886					
		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE C	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200300893270		(or recorded) in the REAL	ESTATE		•
TERMINATION: Effectiveness of the Financing Statement identified above	ve is terminated w			m UCC3Ad) and provide Debtor cured Party authorizing this	
Statement	h and address of	Assistant in item 7s and name	of Assisper	in item 9	
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected or			n Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law	pove with respect	to the security interest(s) of Sec	ured Party	authorizing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:	e of these three bo	exes to			
Check one of these two boxes.	IGE name and/or a	ddress: CompleteADD nar	ne: Comple and item 7	te item DELETE name: (c DELeted in it	Give record name em 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Party Information Chan [6a. ORGANIZATION'S NAME 	nge - provide only (one name (6a or 6b)			
NATIONWIDE TITLE & ESCROW COM					
66 INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME	tion Change - provide o	niy <u>one</u> name (7a or 7b) (use exact, full n	ame, do not o	nil, modify, or abbreviate any part of	the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME		4-7			
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL 3 FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADI] D collateral	DELETE collateral	RESTATE O	overed collateral A	SSIGN collateral
Indicate collateral:					
And a Control of the					
·	MENDMENT: P name of authorizin	• —	name of As	signor, if this is an Assignmen	nt)
9a. ORGANIZATION'S NAME The Washington Trust Company (John W.	Kennedv	, Vice Pres.)			
OR 96 INDIVIDUAL'S SURNAME	FIRST PERSON		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					
IO. OF HOMAL FILEN REFERENCE DATA.					