UCC FINANCING STATEMENT AMENDMEN	ЛТ				
FOLLOW INSTRUCTIONS	N I				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 85138211 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: R		J.			
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com	30.CC	7			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	1411-				
85138211 - 372200					
Corporation Service Company 801 Adlai Stevenson Drive					
Springfield, IL 62703 Filled In: R	Rhode Island				
	(8.0.5.)	THE ABOVE		OR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 700694 08/20/1999		or recorded) in the l	REAL ESTATE	ENDMENT is to be filed [fo RECORDS orm UCC3Ad) <u>and</u> provide Deb	·
TERMINATION: Effectiveness of the Financing Statement identified abo Statement	ove is terminated	with respect to the security in	nterest(s) of Se	ecured Party authorizing this	s Termination
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.			me of Assigno	r in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	above with respec	it to the security interest(s) of	Secured Party	y authorizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:					
Check <u>one</u> of these two boxes: AND Check <u>one</u> of these three boxes to: Change affects Debtor or Secured Party of record This Change affects Debtor or Secured Party of record Check <u>one</u> of these three boxes to: AND check <u>one</u> of these three boxes to: CHANGE name and/or address: Complete ADD name: Complete item DELETE name: Give record name Tiem 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c To be deleted in item 6a or 6b					
6. CURRENT RECORD INFORMATION: Complete for Party Information Chair					
6a. ORGANIZATION'S NAMEW.F. Shea & Company, Inc.					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	IRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA			SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa	Lation Change - provide	only one name (7a or 7b) (use exact,	full name; do not o	mit, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S 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	covered collateral	ASSIGN collateral
Indicate collateral:					
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI If this is an Amendment authorized by a DEBTOR, check here and provide it 	MENDMENT: Finame of authorizing		b) (name of As	signor, if this is an Assignme	ent)
9a. ORGANIZATION'S NAMERBS Citizens, N.A. successor b	y merger to	Citizens Bank of I	Rhode Isla	and	
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: W.F. Shea & C	i Company, Ir	ic.			85138211