UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS		
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294		
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 93448420 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rhode Island (S.O.S.)		
Springfield, IL 62703 Filed In: Rhode Island (S.O.S.)	THE ABOVE SPACE IS FOR FILIN	IG OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 711982 05/01/2000	b. This FINANCING STATEMENT AMENDMEN (or recorded) in the REAL ESTATE RECORD Filer: attach Amendment Addendum (Form UCC3)	os
TERMINATION: Effectiveness of the Financing Statement identified above is terminated w Statement		
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8.		9
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect continued for the additional period provided by applicable law	to the security interest(s) of Secured Party authoriz	ting this Continuation Statement is
5. PARTY INFORMATION CHANGE:	voe to	
Check one of these two boxes: Change of these two boxes: This Change affects Debtor or Secured Party of record Litem 6a or 6b; and item 7	ddress: CompleteADD name: Complete item _	DELETE name: Give record name to be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only Ba. ORGANIZATION'S NAMEGEM BAR CODING, INC.	ne name (6a or 6b)	
OR 6b. INDIVIDUAL'S SURNAME FIRST PERSON	AL NAME ADDITIONAL NAM	ME(S)/INITIAL(S) SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide of Ta. ORGANIZATION'S NAME	nly <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify,	or abbreviate any part of the Debtor'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 POSTA	L CODE COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral RESTATE covered c	ollateral ASSIGN collateral
Indicate collateral:		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: P If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing		this is an Assignment)
9a. ORGANIZATION'S NAME Citizens Bank, N.A. Formally Known As RE		
OR 9b. INDIVIDUAL'S SURNAME FIRST PERSON	AL NAME ADDITIONAL NAM	ME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: GEM BAR CODING, INC		93/18/20