A SAFAL	DESCRIT				
UCC FINANCING STATEMENT AMENIFOLLOW INSTRUCTIONS	DMENI				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858	3-5294	7			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	٥٢	1			
SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 93996387 - 372200 Corporation Service Company 801 Adlai Stevenson Drita	-cinfo.com	1			
93996387 - 372200	550""				
801 Adlai Stevenson Dria					
Springfield, IL 62703	Filed In: Rhode Island (S.O.S.)				
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATE	MENT AME	R FILING OFFICE USE ON NOMENT is to be filed [for	
637907 05/23/1995			ddendum (Fon	m UCC3Ad) and provide Debto	
TERMINATION: Effectiveness of the Financing Statement in Statement	dentified above is terminated	with respect to the security inter-	est(s) of Sec	ured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 <u>and</u> also indica			of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law	t identified above with respec	ct to the security interest(s) of Se	cured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:					
Crieck one of these two boxes.	ND Check one of these three I	address: Complete ADD na	ime: Comple	te item DELETE name:	Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Info			b, <u>and</u> item 7d	io be deleted in i	en oa oi ob
6a. ORGANIZATION'S NAMEDEBTOR = SYSTEMA	TICS, INC.				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment	or Party Information Change - provide	e only <u>one</u> name (7a or 7b) (use exact, full	name; do not on	nit, modify, or abbreviate any part of	(the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	Сіту		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxe	es: ADD collateral	DELETE collateral	RESTATE c	overed collateral	ASSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZ:	ING THIS AMENDMENT	Provide only one name /9a or 9h)	(name of As	sinnor if this is an Assinoma	ent\
If this is an Amendment authorized by a DEBTOR, check here	and provide name of authoriz	zing Debtor	(Hame of MS	agnar, ii uiio ia an Assignine	an;
9a: ORGANIZATION'S NAME Citizens Bank, N.A. FO					
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	DNAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: DEBT	OR = SYSTEMATI	CS, INC.			93996387