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| UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS | Т | | | | |
| A NAME & PHONE OF CONTACT AT FILER (optional) | | 1.0 | | | |
| Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) | Ôڏ؞ | ,¢ 0', | | | |
| SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) | zeim | 4 | | | |
| 96333524 - 372200 | | | | | |
| Corporation Service Company | 1 | | | | |
| 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rh | hode Island | | | | |
| L | (S.O.S.) | THE ABOVE CO | CE 18 EA | R FILING OFFICE USE | ONI V |
| 1a, INITIAL FINANCING STATEMENT FILE NUMBER | | 1b. This FINANCING STATE | MENT AME | NDMENT is to be filed [for | |
| 200502587300 07/28/2005 | · | | idendum (For | m UCC3Ad) and provide Debto | |
| 2. TERMINATION: Effectiveness of the Financing Statement identified about Statement | ve is terminated | with respect to the security intere | est(s) of Sec | cured Party authorizing this | 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 or | 'b, <u>and</u> address c collateral in item | of Assignee in item 7c <u>and</u> name 8 | of Assignor | in item 9 | |
| 4. CONTINUATION: Effectiveness of the Financing Statement identified all continued for the additional period provided by applicable law | bove with respec | t to the security interest(s) of Sec | cured Party | authorizing this Continuation | on Statement is |
| 5. PARTY INFORMATION CHANGE: | | | | | |
| Check one of these two boxes: AND Check on CHAN | <u>e</u> of these three b NGE name and/or | address: Complete ADD na | me: Comple | | Give record name |
| This Change affects Debtor pr Secured Party of record item 6. CURRENT RECORD INFORMATION: Complete for Party Information Char | Sa or 6b; <u>and</u> item | 7a or 7b <u>and</u> item 7c 7a or 7b | , <u>and</u> item 7 | to be deleted in | item 6a or 6b |
| 6a. ORGANIZATION'S NAMEAGILENT BUILDERS, INC. | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | |
| OR 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX | | SUFFIX |
| | | | <u> </u> | | |
| CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa 7a. ORGANIZATION'S NAME | ition Change - provide | only one name (7a or 7b) (use exact, full r | iame; do not o | mit, modify, or abbreviate any part o | if the Debtor's name) |
| OR 75. INDIVIDUAL'S SURNAME | | | _ | | |
| 79. INDIVIDUALS SURNAME | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | - | | SUFFIX |
| | Teity | u | TSTATE | POSTAL CODE | COUNTRY |
| 7c. MÄILING ADDRESS | CITY | | BIAIC | T GOTTLE GODE | 000, |
| 8. COLLATERAL CHANGE: Also check one of these four boxes: AD | D cotlateral | DELETE collateral | RESTATE | covered collateral | ASSIGN collateral |
| Indicate collateral: | | | | | |
| | | | | | |
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| | | | | | |
| NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A If this is an Amendment authorized by a DEBTOR, check here and provide | MENDMENT: name of authoriz | | (name of As | signor, if this is an Assignm | ent) |
| 9a. ORGANIZATION'S NAMECItizens Bank, N.A. Formally Ki | | | | | |
| OR 9b. INDIVIDUAL'S SURNAME | FIRST PERSO | NAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | | |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor: AGILENT BU | II DERS IN | 16 : | | | 06222524 |