	CC FINANCING STATEMENT AMENDMEN DLLOW INSTRUCTIONS	<b>V</b> I			
	NAME & PHONE OF CONTACT AT FILER (optional)	<del>-</del>	1		
L	T M Beckmann, SRCLA 401-348-1682  E-MAIL CONTACT AT FILER (optional)	·········	_		
tmbeckmann@washtrust.com					
Ĉ.	SEND ACKNOWLEDGMENT TO: (Name and Address)		1		
	The Washington Trust Company, of Westerly 23 Broad Street				
İ	Westerly, RI 02891				
	<u>L</u>		THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER			MENT AMENDMENT is to be filed [fo	
2.	01008853230		Filer: <u>attach</u> Amendment Ad	dendum (Form UCC3Ad) and provide Debt	
ا ، 2	TERMINATION: Effectiveness of the Financing Statement identified abo Statement	ve is terminated w	oth respect to the security intere	st(s) of Secured Party authorizing this	Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8					
4.	✓ CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	bove with respect	to the security interest(s) of Sec	cured Party authorizing this Continuati	on Statement is
5.				<u> </u>	
	CHAP	<u>ie</u> of these three bo NGE name and/or a 6a or 6b; <u>and</u> item 7	ddress: CompleteADD nan		Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)					
	60 ORGANIZATION'S NAME ATLANTECH TECHNICAL SALES CORPORATION				
OR		FIRST PERSON.		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. (	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa 7a. ORGANIZATION'S NAME	tion Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full na	ame; do not omit, modify, or abbreviate any part of	f the Debtor's name)
OR					
75. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME					
					***
	INDIVIDUALIS ADDITIONAL MANE ON CONTROL ON				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c.	MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
a [		<u> </u>			
8	COLLATERAL CHANGE: Also check one of these four boxes: ADD Indicate collateral:	D collateral	DELETE co#ateralR	ESTATE covered collateral	SSIGN collateral
9. N If	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN this is an Amendment authorized by a DEBTOR, check here [7] and provide r	MENDMENT: Proname of authorizing	ovide only <u>one</u> name (9a or 9b) (n Debtor	ame of Assignor, if this is an Assignme	nt)
	ORGANIZATION'S NAME				
OR	THE WASHINGTON TRUST COMPANY 96 INDIVIDUAL'S SURNAME	FIRST PERSONA		ADDITIONAL NAME(S)/(NITIAL(S)	SUFFIX
		}			30(1)
	OPTIONAL FILER REFERENCE DATA:	- ,,		-	<del></del>