	CC FINANCING STATEMENT AMENDMEN	T				
	NAME & PHONE OF CONTACT AT FILER (optional) MARY BERGERON					
	E-MAIL CONTACT AT FILER (optional) mbergeron@randolphsavings.com					
	SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
	Randolph Savings Bank 10 Cabot Place					
l	Stoughton MA 02072					
					R FILING OFFICE USE	
	INITIAL FINANCING STATEMENT FILE NUMBER 11008839090 dtd 07/12/2010		for recorded) in the RI	EAL ESTATE	ENDMENT is to be filed [for RECORDS rm UCC3Ad) <u>and</u> provide Debto	
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement						
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 al continued for the additional period provided by applicable law	bove with respec	t to the security interest(s) of	Secured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE: AND Check one of these three boxes to:						
Check one of these two boxes: CHANGE name and/or address: Complete tem This Change affects Debtor or Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c. CHANGE name and/or address: Complete item Ta or 7b, and item 7c. ADD name: Complete item DELETE name: Give record name to be deleted in item 6a or 6b						
6. (CURRENT RECORD INFORMATION: Complete for Party Information Char [6a. ORGANIZATION'S NAME	nge - provide only	one name (6a or 6b)			
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa	tion Change - provide	only one name (7a or 7b) (use exact, fi	ull name; do not o	mit, modify, or abbreviate any part o	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					
	INDIVIDUAL S ADDITIONAL NAME(S)/INTTIAL(S)					
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8.	COLLATERAL CHANGE: Also check one of these four boxes.	D collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral:						
						
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor [9a. ORGANIZATION'S NAME]					
00	Randolph Savings Bank					Lours
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	OPTIONAL FILER REFERENCE DATA:	<u></u>	····	<u> </u>	··	1