UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	NT				
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) 105050890 - 372200 Corporation Service Company (CSC) 801 Adlai Stevensor (CSC) Springfield 62-03 Filed In: R	Rhode Island				
	(S.O.S.)	THE ABOVE CO.	VCE 16 EO	D SILING OFFICE LISE	DNI V
1a. INITIAL FINANCING STATEMENT FILE NUMBER 725141 02/26/2001	[1	b. This FINANCING STATE (or recorded) in the REA	MENT AME	R FILING OFFICE USE (NDMENT is to be filed [for RECORDS m UCC3Ad) and provide Debto	record]
TERMINATION: Effectiveness of the Financing Statement identified about the Statement	ove is terminated w	th respect to the security interes	est(s) of Sec	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected		Assignee in item 7c <u>and</u> name	of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	above with respect	o the security interest(s) of Se	cured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:					<u> </u>
Crieck one of these two boxes.	<u>ne</u> of these three bo NGE name and/or ad 6a or 6b; <u>and</u> item 7.	ldress: CompleteADD na	me: Comple , <u>and</u> item 7		Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Cha					
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSON	NL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform. 7a. ORGANIZATION'S NAME	ation Change - provide or	ly <u>one</u> name (7a or 7b) (use exact, full i	iame; do not or	nit, modify, or abbreviate any part o	f the Debtor's name)
OR 76 INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME		·			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: AL	DD collateral	DELETE collateral	RESTATE o	overed collateral A	SSIGN collateral
Indicate collateral:				_	
		- 4			
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A if this is an Amendment authorized by a DEBTOR, check here and provide 	AMENDMENT: Proprieting name of authorizing		name of As	signor, if this is an Assignme	nt)
9a. ORGANIZATION'S NAME Citizens Bank, N.A. Formally K					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	LNAME	TADDITIO	NAL NAME(\$)/INITIAL(\$)	SUFFIX
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