UCC FINANCING STATEMENT AMENDMEN	T				
A. NAME & PHONE OF CONTACT AT FILER (optional)	_				
Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional)	u_j	-			
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 106361062 - 358660 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261 Filed In: Rh					
T106361062 - 358660	\neg				
Corporation Service Company	J				
801 Adlai Stevenson Drive Springfield, IL 62703-4261 Filed In: Rh	hode Island				
L india	(S.O.S.)	THE A DOME COA	CE 18 EO	P EII INC OEEICE IIRE	DNI V
18, INITIAL FINANCING STATEMENT FILE NUMBER	1	b. This FINANCING STATE	IENT AME	R FILING OFFICE USE	
645851 12/7/1995			iendum (Fo	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 above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law					
5. PARTY INFORMATION CHANGE:					
Check <u>one</u> of these two boxes: AND Check <u>one</u> of these three boxes to: CHANGE name and/or address: Complete ADD name: Complete item DELETE name: Give record name item 6a or 6b This Change affects Debtor or 75 and item 7c 75 or 7b, and item 7c 175 or 7b, an					
6. CURRENT RECORD INFORMATION: Complete for Party Information Chan					
68. ORGANIZATION'S NAMEC J INDUSTRIES, INC.					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not ornit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAMEC.J. Industries, Inc.					
OR 75. INDIVIDUAL'S SURNAME					
J. H. J.					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			,		SUFFIX
7c. MAILING ADDRESS 2270 Pawtucket Avw	CITY		STATE	POSTAL CODE	COUNTRY
	East Provi	dence	RI	02914	USA
	O collateral	DELETE collateral	ESTATE o	overed collateral	SSIGN collateral
Indicate collateral: All Assets					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI	MENDMENT P	ovide only one name (9a or 9h) (n	same of As	signor if this is an Assignme	nt)
	name of authorizing	Debtor		and the set consistence	
	ereign bank				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:0447 Debtor: C J INDU	ISTRIES, IN	C.	•		106361062