_	
_	
_	•
_	•
_	
_	-
_	-
	-
_	
_	٠
_	
	_
_	_
_	
_	
_	
≕	
≡	
≡	

L <u>.                                    </u>	

	CC FINANCING STATEMENT AME	NDMENT									
A.	NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141		•	]							
B.	E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolt	erskluwer.com									
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)	7995 - WEBS	TER BANK	]							
	CT Lien Solutions P.O. Box 29071	52188	412								
I	Glendale, CA 91209-9071	RIRI									
lı			1								
Ļ	File with: Secretary of State	e, RI	<del></del>	<del></del>		OR FILING OFFICE		•			
	NITIAL FINANCING STATEMENT FILE NUMBER 1008304480 2/2/2010 SS RI			<ol> <li>This FINANCING STATE (or recorded) in the REA Filer: attach Amendment Ad</li> </ol>	L ESTATE	RECORDS	-	-			
2. [	TERMINATION: Effectiveness of the Financing Statement Statement	t identified above is	s terminated with	·							
3.	ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment, complete items 7 and 9 and also it				Assignor in	item 9					
4. [	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:										
	theck one of these two boxes:	CHAN	of these three box GE name and/or a	ddress: Complete ADD nar	ne: Comple	ete item DELETE na		ive record name			
_	his Change affects Debtor or Secured Party of record				, <u>and</u> item i	cto be delete	ed in ite	m 6a or 6b			
6. C	URRENT RECORD INFORMATION: Complete for Party Info Ba. ORGANIZATION'S NAME	rmation Change -	provide only one	name (6a or 6b)							
	HVAC Solutions, Inc.										
OR	6b. INDIVIDUAL'S SURNAME		FIRST PERSONA	NL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)		SUFFIX			
7. C	HANGED OR ADDED INFORMATION; Complete for Assignment	or Party Information Cha	ange - provide only <u>o</u>	one name (7a or 7b) (use exact, full name	; do not omit,	modify, or abbreviate any par	t of the D	ebtor's name)			
	7a. ORGANIZATION'S NAME HVAC SOLUTIONS, INC.										
OR	7b. INDIVIDUAL'S SURNAME										
:	INDIVIDUAL'S FIRST PERSONAL NAME										
	INDUSTRIALIC ACCUMANAL MANE (CONSULTATIO)							SUFFIX			
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)							SUFFIX			
7c. l	WAILING ADDRESS		CITY		STATE	POSTAL CODE		COUNTRY			
44	KINGSFORD AVENUE		RIVERSIDE		RI	02769		USA			
8. [	COLLATERAL CHANGE: Also check one of these fou	r boxes: ADD	collateral	DELETE collateral	RESTATE	covered collateral	AS	SIGN collateral			
	Indicate collateral:										
	AME OF SECURED PARTY OF RECORD AUTHOR this is an Amendment authorized by a DEBTOR, check here		NDMENT: Pro		name of As	signor, if this is an Assi	gnment	)			
	9a. ORGANIZATION'S NAME										
OR	Webster Bank, N.A.		Leinon nest and	1.114145	1,55=-	NIAL ANALOGO IN INC.		oures:			
511	9b. INDIVIDUAL'S SURNAME		FIRST PERSONA	IL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)		SUFFIX			
10.0	OPTIONAL FILER REFERENCE DATA: Debtor Name: I	IVAC SOLUTION	ONS INC								

7995

52188412

## **UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 201008304480 2/2/2010 SS RI 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME Webster Bank, N.A. OR 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a, ORGANIZATION'S NAME HVAC Solutions, Inc. OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: HVAC SOLUTIONS, INC. - 44 KINGSFORD AVENUE, RIVERSIDE, RI 02769 Secured Party Name and Address: Webster Bank, N.A. - 436 Slater Road NB 145, New Britain, CT 06053 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

7995 4750242747

File with: Secretary of State, RI

Webster Bank, N.A.

18. MISCELLANEOUS: 52188412-RI-0 7995 - WEBSTER BANK