

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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|--|---|
| 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) | |
| 119257700 - 385660 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261 | SPRFiling@cscinfo.com Filed In: Rhode Island (S.O.S.) |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

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|---|--------------------------|---------------------|-------------------------------|----------------------|
| 1a. ORGANIZATION'S NAME PERFORMANCE DESIGN SYSTEMS INC. | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS | 65 Erastus Street | CITY Providence | STATE RI | POSTAL CODE 02908 |
| | | | COUNTRY USA | |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

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|--|----------------------------|---------------------|-------------------------------|----------------------|
| 2a. ORGANIZATION'S NAME Performance Design Systems | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | 10 Industrial Drive Unit 3 | CITY Smithfield | STATE RI | POSTAL CODE 02917 |
| | | | COUNTRY USA | |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

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|--|--------------------------------------|---------------------|-------------------------------|----------------------|
| 3a. ORGANIZATION'S NAME CORPORATION SERVICE COMPANY, as REPRESENTATIVE | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS | P.O. Box 2576 uccsprp@cscinfo.com | CITY Springfield | STATE IL | POSTAL CODE 62708 |
| | | | COUNTRY USA | |

4. COLLATERAL: This financing statement covers the following collateral:

Security interest in and to all of Merchant's present and future accounts, chattel paper, deposit accounts, personal property, assets and fixtures, general intangibles, instruments, equipment, inventory wherever located, and proceeds now or hereafter owned or acquired by Merchant.

5. Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensors

8. OPTIONAL FILER REFERENCE DATA: UCC

119257700