| UCC FINANCING STATEMENT AMENI | DMENT | | | | |
|--|---|--|-----------------------------------|---------------------------------------|-----------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858- B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1247 16163 Corporation Service Company 801 Adiai Stevenson Drive Springfield, IL 62703 | Scinfo.com | | | | |
| 801 Adlai Stevenson Drive Springfield, IL 62703 Fi | iled In: Rhode Island (S.O. <u>S.)</u> | THE ABOVE SPA | ACE IS FO | R FILING OFFICE USE | ONLY |
| 1a. initial financing statement file number 200704968060 05/15/2007 | 1 | | MENT AME | ENDMENT is to be filed (fo | |
| TERMINATION: Effectiveness of the Financing Statement ide | entified above is terminated w | Filer: <u>attach</u> Amendment Ac | idendum (Fo | m UCC3Ad) <u>and</u> provide Debl | |
| Statement | | | | - | |
| ASSIGNMENT (full or partial): Provide name of Assignee in it For partial assignment, complete items 7 and 9 and also indicate | | | of Assignor | in item 9 | |
| CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law | dentified above with respect | to the security interest(s) of Sec | cured Party | authorizing this Continuate | on Statement is |
| This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Inform 6a. ORGANIZATION'S NAMEGRENON'S OF NEWPO | CHANGE name and/or a item 6a or 6b; <u>and</u> item 7 nation Change - provide only <u>o</u> PRT, LLC | a or7b <u>and</u> item 7c7a or7b | me: Comple , <u>and</u> item 7 | to be deleted in | Give record name item 6a or 6b |
| 66. INDIVIDUAL'S SURNAME | FIRST PERSON | AL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or 7a. ORGANIZATION'S NAME | Party Information Change - provide or | nly <u>one</u> name (7a or 7b) (use exact, full n | ame; do not or | nit, modify, or abbreviate any part o | f the Debtor's name} |
| 76. INDIVIDUAL'S SURNAME | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | |
| | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | SUFFIX |
| | | *************************************** | STATE | POSTAL CODE | COUNTRY |
| c. MAILING ADDRESS | C!TY | | | | 100,1 |
| | | DELETE collateral F | RESTATE o | overed collateral | |
| . COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: | ADD collateral | | | | L SSIGN collateral |
| - | ADD collateral G THIS AMENDMENT: Proof of provide name of authorizing | ovide only <u>one</u> name (9a or 9b) (i Debtor | | | L SSIGN collateral |
| COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and | ADD collateral G THIS AMENDMENT: Proof of provide name of authorizing | ovide only <u>one</u> name (9a or 9b) (i Debior Citizens, N.A. | name of Ass | | L SSIGN collateral |

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