

FOLLOW INSTRUCTIONS	N I				
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@wolterskluwer.	com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 32814 - 7	THE				
	141677				
File with: Secretary of State, RI		THE ABOVE	CDACE IC E	OR FILING OFFIC	E LISE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200704556230 1/25/2007 SS RI		1b. This FINANCING ST	TATEMENT AM REAL ESTATE	ENDMENT is to be fil RECORDS	
TERMINATION: Effectiveness of the Financing Statement identified at Statement	pove is terminated v				***
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or     For partial assignment, complete items 7 and 9 and also indicate affect			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	to the security interest(s) of Sec	cured Party auti	norizing this Continua	ition Statement is
5. PARTY INFORMATION CHANGE:					
Clieux Orie of these two boxes.	k <u>one</u> of these three CHANGE name and/		D name: Comple	te item DELETE r	name: Give record name
			or 7b, and item 7	c to be dele	ted in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Cha     6a. ORGANIZATION'S NAME	nge - provide only	one name (6a or 6b)			
GENERAL POLYMER, INC.					
OR 66. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIO	NAL NAME(SYINITIAL(S	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat	tion Change - provide o	lly one name (7a or 7b) (use exact, full	name; do not omit, i	modify, or abbreviate any pr	ert of the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME					
TI. INDIVIDUALS SUNAME					
INDIVIDUAL'S FIRST PERSONAL NAME		<del></del>		····	
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:	ADD collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral:					
	AMENDMENT: vide name of author	· —	b) (name of Ass	signor, if this is an Ass	.ignment)
99. ORGANIZATION'S NAME THE WASHINGTON TRUST COMPANY					
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	ONAL NAME	ADDITIO	NAL NAME(SYMITIAL(S	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: GENERAL	DOLVMED IN	^	<u> </u>		

91307250

WLM

57141677

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

	LOW INSTRUCTIONS	IDDEIID	J 141			
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amenda	ment form				
200704556230 1/25/2007 SS RI						
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME						
	THE WASHINGTON TRUST COMPANY					
OR						
12b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
	ADDITIONAL NAME(SYNITIAL(S)	[5	UFFIX			
					PACE IS FOR FILING OFFICE US	
	Name of DEBTOR on related financing statement (Name of a current Debtor of one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abl					13): Provide only
	13a, ORGANIZATION'S NAME	•				
OR	GENERAL POLYMER, INC.  13b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAI NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	13D. INDIVIDUAL 5 SUKNAME	FIRST PERSON	IAL NAME		ADDITIONAL NAME(S)INITIAL(S)	SUPPIX
14	ADDITIONAL SPACE FOR ITEM 8 (Collateral):					
Deb	tor Name and Address:					
GEN	NERAL POLYMER, INC 59 FOUNDRY STREET , CENTRAL F	ALLS, RI 02	2863			
	ured Party Name and Address:					
THE	: WASHINGTON TRUST COMPANY - 23 BROAD STREET , WE	ESTERLY, F	RI 02891			
15	This FINANCING STATEMENT AMENDMENT:		17 Descript	ion of real estate:	<del></del>	
10.		s a fixture filing	i .	or or call calate.		
	Name and address of a RECORD OWNER of real estate described in item 17		1			
(	f Debtor does not have a record interest):					
			[			
18.1	AISCELLANEOUS: 57141677-RI-0 32814 - THE WASHINGTON TRUST THE WA	ASHINGTON TRU	I IST COMPANY	File with: Secretary of S	tate, RI WLM 91307250	