| UCC FINANCING STATEMENT AMEN FOLLOW INSTRUCTIONS   | DMENT  |  |   |                         |
|--|--|--|---|-------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858   | 3-5294   | ]  |   |                         |
| B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)  1273 36825 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 | colu   | 1  |   |                         |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  | ). <del>(</del>  | 1  |   |                         |
| 1273 36825   |  |  |   |                         |
| Corporation Service Company  | ·  |  |   |                         |
| Springfield, IL 62703  | Filed In: Rhode Island                                       |  |   |                         |
| I L Siling   | (S.O.S.)   |  |   |                         |
| 1a. :NITIAL FINANCING STATEMENT FILE NUMBER  |  |  | ACE IS FOR FILING OFFICE US<br>MENT AMENDMENT is to be filed [f |                         |
| 201211391590 07/10/2012  |  | (or recorded) in the REA!<br>Filer: <u>attach</u> Amendment Ad | L ESTATE RECORDS<br>dendum (Form UCC3Ad) <u>and provide De</u>  | btor's name in item 13  |
| TERMINATION: Effectiveness of the Financing Statement in Statement   | lentified above is terminated w                              | ith respect to the security intere                             | st(s) of Secured Party authorizing the                          | nis Termination         |
| ASSIGNMENT (full or partial): Provide name of Assignee in     For partial assignment, complete items 7 and 9 and also indicate   |  |  | of Assignor in item 9   |                         |
| 4. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law   | identified above with respect                                | to the security interest(s) of Sec                             | cured Party authorizing this Continue                           | ition Statement is      |
| 5. PARTY INFORMATION CHANGE:   |  |  |   |                         |
| Check one of these two boxes:  This Change affects Debtor or Secured Party of record   | D Check one of these three bo<br>CHANGE name and/or a        | ddress: CompleteADD nar  | ne: Complete itemDELETE name                                    | Give record name        |
| CURRENT RECORD INFORMATION: Complete for Party Information   | item 6a or 6b; and item 7<br>rmation Change - provide only g | 7.79   | and item 7c to be deleted i                                     | n item 6a or 6b         |
| 6a. ORGANIZATION'S NAMEKATHERINE FIELD & A   | ASSOCIATES, INC.   |  |   |                         |
| OR 6b. INDIVIDUAL'S SURNAME  | FIRST PERSON   | AL NAME  | ADDITIONAL NAME(S)/INITIAL(S)                                   | SUFFIX                  |
|  |  |  |   |                         |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment of<br>7a. ORGANIZATION'S NAME   | or Party Information Change - provide o                      | nly <u>one</u> name (7a or 7b) (use exact, full na             | ame; do not omit, modify, or abbreviate any par                 | t of the Debtor's name) |
| OR   |  | -  |   | ·                       |
| 75. INDIVIDUAL'S SURNAME   |  |  |   |                         |
| INDIVIDUAL'S FIRST PERSONAL NAME   | **************************************                       |  |   |                         |
| INDIVIDUALS ADDITIONAL MANE (C) (NUTLA) (C)  |  |  | 17.47   |                         |
| 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 F  | RESTATE covered collateral                                      | ASSIGN collateral       |
| Indicate collateral:   |  |  | LESTATE SETERAL CONTROL OF                                      | ACCION CONSTERA         |
|  |  |  |   |                         |
|  |  |  |   |                         |
|  |  |  |   |                         |
|  |  |  |   |                         |
| A MANUE OF SECURED PARTY OF RECORD AUTHORITIES   |  |  |   |                         |
|  | and provide name of authorizing                              | Debtor   | ame of Assignor, if this is an Assignm                          | ient)                   |
| 9a. ORGANIZATION'S NAME Citizens Bank, N.A. form   | nerly known as RBS   | Citizens, N.A.   |   |                         |
| OR 9b. INDIVIDUAL'S SURNAME  | FIRST PERSONA  | LNAME  | ADDITIONAL NAME(S)/INITIAL(S)                                   | SUFFIX                  |
| 10. OPTIONAL FILER REFERENCE DATA Debtor: KATHE  | RINE FIELD & ASS   | OCIATES INC  |   | <u> </u>                |
| DODIOLIVATITIE   | ILLD & AUC   | OUNTED, INO.   |   | 1273 36825              |