

# UCC-3 Form - AMENDMENT

AMENDMENT ACTION - SECURED PARTY CHANGE

Original File Number: **201211204340**

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## FILER INFORMATION

*Full name:*

*Email Contact at Filer:* SUSAN\_GRIMES@BANKSL.COM

## SEND ACKNOWLEDGEMENT TO

*Contact name:* SAVINGS INSTITUTE BANK & TRUST COMPANY

*Mailing Address:* 803 MAIN STREET

*City, State Zip Country:* WILLIMANTIC, CT 06226 USA

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## CURRENT RECORD INFORMATION

*Org. Name:* SAVINGS INSTITUTE BANK & TRUST COMPANY

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## SECURED PARTY INFORMATION

*Org. Name:* SAVINGS INSTITUTE BANK & TRUST COMPANY

*Mailing Address:* 803 MAIN STREET

*City, State Zip Country:* WILLIMANTIC, CT 06226 USA

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: SAVINGS INSTITUTE BANK & TRUST COMPANY**

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