

# UCC-3 Form - AMENDMENT

AMENDMENT ACTION - SECURED PARTY CHANGE

Original File Number: **200705651420**

---

## 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

---

## CURRENT RECORD INFORMATION

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

---

## SECURED PARTY INFORMATION

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

*Mailing Address:* 803 MAIN STREET

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

---

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

---

**CUSTOMER REFERENCE:** 730132719

---