

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 80%; border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;">1348 20106</div><div>Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703</div></div><div style="width: 15%; text-align: center; padding-top: 20px;">Filed In: Rhode Island (S.O.S.)</div></div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 17488 01/27/2003		1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13		
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8				
4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law				
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: <div style="display: flex; justify-content: space-between; font-size: small;"><div><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c</div><div><input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c</div><div><input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b</div></div>				
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="display: flex;"><div style="width: 30px; text-align: right;">6a. ORGANIZATION'S NAME</div><div>Museum Products, Inc.</div></div>				
<div style="display: flex;"><div style="width: 30px; text-align: right;">OR</div><div style="display: flex; border-bottom: 1px solid black;"><div style="width: 40%; border-right: 1px solid black; padding: 2px;">6b. INDIVIDUAL'S SURNAME</div><div style="width: 20%; border-right: 1px solid black; padding: 2px;">FIRST PERSONAL NAME</div><div style="width: 20%; border-right: 1px solid black; padding: 2px;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%; padding: 2px;">SUFFIX</div></div></div>				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)				
<div style="display: flex;"><div style="width: 30px; text-align: right;">7a. ORGANIZATION'S NAME</div><div></div></div>				
<div style="display: flex;"><div style="width: 30px; text-align: right;">OR</div><div style="display: flex; border-bottom: 1px solid black;"><div style="width: 40%; border-right: 1px solid black; padding: 2px;">7b. INDIVIDUAL'S SURNAME</div><div style="width: 20%; border-right: 1px solid black; padding: 2px;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 20%; border-right: 1px solid black; padding: 2px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%; padding: 2px;">SUFFIX</div></div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 40%; border-right: 1px solid black; padding: 2px;">7c. MAILING ADDRESS</div><div style="width: 20%; border-right: 1px solid black; padding: 2px;">CITY</div><div style="width: 10%; border-right: 1px solid black; padding: 2px;">STATE</div><div style="width: 10%; border-right: 1px solid black; padding: 2px;">POSTAL CODE</div><div style="width: 20%; padding: 2px;">COUNTRY USA</div></div>				
8. <input type="checkbox"/> COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
<div style="display: flex;"><div style="width: 30px; text-align: right;">9a. ORGANIZATION'S NAME</div><div>Santander Bank, N.A. FNA Sovereign Bank, N.A.</div></div>				
<div style="display: flex;"><div style="width: 30px; text-align: right;">OR</div><div style="display: flex; border-bottom: 1px solid black;"><div style="width: 40%; border-right: 1px solid black; padding: 2px;">9b. INDIVIDUAL'S SURNAME</div><div style="width: 20%; border-right: 1px solid black; padding: 2px;">FIRST PERSONAL NAME</div><div style="width: 20%; border-right: 1px solid black; padding: 2px;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%; padding: 2px;">SUFFIX</div></div></div>				
10. OPTIONAL FILER REFERENCE DATA: 9553 Debtor: Museum Products, Inc.				

1348 20106