

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Corporation Service Company 1-800-858-5294				
<b>B. E-MAIL CONTACT AT FILER (optional)</b> SPRFiling@cscinfo.com				
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;">         1388 77486          Corporation Service Company          801 Adlai Stevenson Drive          Springfield, IL 62703       </div> <div style="width: 35%; text-align: right;">         Filed In: Rhode Island          (S.O.S.)       </div> </div>				
<b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>				
<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> 020735 04/25/2003		<b>1b.</b> <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		
<b>2.</b> <input type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
<b>3.</b> <input type="checkbox"/> <b>ASSIGNMENT</b> (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				
<b>4.</b> <input checked="" type="checkbox"/> <b>CONTINUATION:</b> 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				
<b>5.</b> <input type="checkbox"/> <b>PARTY INFORMATION CHANGE:</b> Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <span style="margin-left: 20px;"><b>AND</b> Check <u>one</u> of these three boxes to:</span> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>This Change affects <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</span> <span><input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c</span> <span><input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b</span> </div>				
<b>6. CURRENT RECORD INFORMATION:</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
6a. ORGANIZATION'S NAME <u>Caster Communications, Inc.</u>				
OR				
6b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)
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)				
7a. ORGANIZATION'S NAME <u>Caster Communications, Inc.</u>				
OR				
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				
SUFFIX				
<b>7c. MAILING ADDRESS</b> <u>155 MAIN STREET</u>				
CITY <u>WAKEFIELD</u>		STATE <u>MA</u>		POSTAL CODE <u>02879</u>
COUNTRY <u>USA</u>				
<b>8.</b> <input type="checkbox"/> <b>COLLATERAL CHANGE:</b> <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:				
<b>9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:</b> 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				
9a. ORGANIZATION'S NAME <u>Citizens Bank, N.A. formerly known as RBS Citizens, N.A.</u>				
OR				
9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX				
<b>10. OPTIONAL FILER REFERENCE DATA:</b> Debtor: <u>Caster Communications, Inc.</u>				

1388 77486