

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)	
1402 47133 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Rhode Island (S.O.S.)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER 200806311890 05/21/2008	1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
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2 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 ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4 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 PARTY INFORMATION CHANGE.
Check one of these two boxes Debtor or Secured Party of record **AND** Check one of these three boxes to
 CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c ADD name. Complete item 7a or 7b, and item 7c DELETE name. Give record name to be deleted in item 6a or 6b

6 CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a ORGANIZATION'S NAME MOSES AFONSO RYAN LTD.			
OR	6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one 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 Moses Afonso Ryan Ltd.			
OR	7b INDIVIDUAL'S SURNAME		
	INDIVIDUAL'S FIRST PERSONAL NAME		
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		

7c MAILING ADDRESS 160 WESTMINSTER STREET	CITY PROVIDENCE	STATE RI	POSTAL CODE 02903	COUNTRY USA
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8 COLLATERAL CHANGE Also check one of these four boxes ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral

9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

9a ORGANIZATION'S NAME Citizens Bank, N.A. formerly known as RBS Citizens, N.A.			
OR	9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10 OPTIONAL FILER REFERENCE DATA Debtor: MOSES AFONSO RYAN LTD. 1402 47133