

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294
B E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com
C SEND ACKNOWLEDGMENT TO: (Name and Address) 1432 71678 CSC 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
024300 07/31/20031b ☐ 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 132 ☐ **TERMINATION** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement3 ☐ **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 84 ☒ **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 law5 ☐ **PARTY INFORMATION CHANGE:**Check one of these two boxesAND Check one of these three boxes toThis Change affects: ☐ Debtor or ☐ Secured Party of record ☐ 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 6b6 **CURRENT RECORD INFORMATION** Complete for Party Information Change - provide only one name (6a or 6b)

6a ORGANIZATION'S NAME Quantifacts, Inc.

OR
6b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX7. **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

OR
7b INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
USA8 ☐ **COLLATERAL CHANGE** Also check one of these four boxes ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral9 **NAME OF SECURED PARTY OR 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) SUFFIX10 **OPTIONAL FILER REFERENCE DATA** Debtor: Quantifacts, Inc.

1432 71678