

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

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| <b>A NAME &amp; PHONE OF CONTACT AT FILER (optional)</b><br>CSC 1-800-858-5294                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                          |  |
| <b>B E-MAIL CONTACT AT FILER (optional)</b><br>SPRFiling@cscglobal.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                                                                                                                                                                                                          |  |
| <b>C SEND ACKNOWLEDGMENT TO (Name and Address)</b><br><div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">1451 45272</div><div>CSC<br/>801 Adlai Stevenson Drive<br/>Springfield, IL 62703</div></div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Filed In: Rhode Island<br/>(S.O.S.)</div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                                                                                                                                                                                          |  |
| <b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                                                                                                                                          |  |
| <b>1a INITIAL FINANCING STATEMENT FILE NUMBER</b><br>025725 09/11/2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  | <b>1b</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS<br>Filer <u>attach</u> Amendment/ Addendum (Form UCC3Ad) and 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, and address of Assignee in item 7c and name of Assignor in item 9<br>For partial assignment, complete items 7 and 9 and 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><br>Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record<br><b>AND</b> Check <u>one</u> of these three boxes to:<br><input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c<br><input type="checkbox"/> ADD name. Complete item 7a or 7b and item 7c<br><input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                                                                                                                                                                                                          |  |
| <b>6 CURRENT RECORD INFORMATION</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)<br><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>6a ORGANIZATION'S NAME</b> The Barrington Baptist Church</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 5px;"><div style="width: 35%;"><b>6b INDIVIDUAL'S SURNAME</b></div><div style="width: 25%;"><b>FIRST PERSONAL NAME</b></div><div style="width: 25%;"><b>ADDITIONAL NAME(S)/INITIAL(S)</b></div><div style="width: 15%;"><b>SUFFIX</b></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                                                                                                                                                                                          |  |
| <b>7 CHANGED OR ADDED INFORMATION</b> 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)<br><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>7a ORGANIZATION'S NAME</b></div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 5px;"><div style="width: 35%;"><b>7b INDIVIDUAL'S SURNAME</b></div><div style="width: 25%;"><b>FIRST PERSONAL NAME</b></div><div style="width: 25%;"><b>ADDITIONAL NAME(S)/INITIAL(S)</b></div><div style="width: 15%;"><b>SUFFIX</b></div></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>7c MAILING ADDRESS</b></div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 5px;"><div style="width: 35%;"><b>CITY</b></div><div style="width: 15%;"><b>STATE</b></div><div style="width: 15%;"><b>POSTAL CODE</b></div><div style="width: 35%;"><b>COUNTRY</b><br/>USA</div></div> |  |  |                                                                                                                                                                                                                                          |  |
| <b>8</b> <input type="checkbox"/> <b>COLLATERAL CHANGE</b> Also 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<br>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)<br>If this is an Amendment authorized by a DEBTOR check here <input type="checkbox"/> and provide name of authorizing Debtor<br><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>9a ORGANIZATION'S NAME</b> Citizens Bank, N.A. formerly known as RBS Citizens, N.A.</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 5px;"><div style="width: 35%;"><b>9b INDIVIDUAL'S SURNAME</b></div><div style="width: 25%;"><b>FIRST PERSONAL NAME</b></div><div style="width: 25%;"><b>ADDITIONAL NAME(S)/INITIAL(S)</b></div><div style="width: 15%;"><b>SUFFIX</b></div></div>                                                                                                                                                                                                                                                                                           |  |  |                                                                                                                                                                                                                                          |  |
| <b>10 OPTIONAL FILER REFERENCE DATA</b> Debtor: The Barrington Baptist Church                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |                                                                                                                                                                                                                                          |  |

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