

**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; align-items: flex-start;"> <div style="width: 60%;">           1480 25073<br/>           CSC<br/>           801 Adlai Stevenson Drive<br/>           Springfield, IL 62703         </div> <div style="width: 35%; text-align: right;">           Filed In: Rhode Island<br/>           (S.O.S.)         </div> </div>                                                                                                                                                                                                                                                                                                                                                               |                            |                                                                                                                                                                                                                                                  |                    |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
| <b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                                                                                                                                                                                                                                  |                    |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
| <b>1a INITIAL FINANCING STATEMENT FILE NUMBER</b><br>200300800070 11/14/2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            | <b>1b</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS<br><small>Filer (agent) Amendment Addendum (from UCC3As) and provide Debtor's name in item 13</small> |                    |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
| <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><small>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                                                                                                                                  |                    |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
| <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><div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;">           Check <u>one</u> of these two boxes:<br/>           This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record         </div> <div style="width: 50%;">           AND 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         </div> </div>                             |                            |                                                                                                                                                                                                                                                  |                    |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
| <b>6 CURRENT RECORD INFORMATION</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                                                                                                                                                                                                                  |                    |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
| <b>6a ORGANIZATION'S NAME</b> MIDATLANTIC PROCESSING INCORPORATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                                                                                                                                                                                                                                  |                    |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;"><b>6b INDIVIDUAL'S SURNAME</b></td> <td style="width: 30%; padding: 5px;"><b>FIRST PERSONAL NAME</b></td> <td style="width: 20%; padding: 5px;"><b>ADDITIONAL NAME(S)/INITIAL(S)</b></td> <td style="width: 10%; padding: 5px;"><b>SUFFIX</b></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                             |                            |                                                                                                                                                                                                                                                  |                    |                | <b>6b INDIVIDUAL'S SURNAME</b> | <b>FIRST PERSONAL NAME</b> | <b>ADDITIONAL NAME(S)/INITIAL(S)</b> | <b>SUFFIX</b>      |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
| <b>6b INDIVIDUAL'S SURNAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>FIRST PERSONAL NAME</b> | <b>ADDITIONAL NAME(S)/INITIAL(S)</b>                                                                                                                                                                                                             | <b>SUFFIX</b>      |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
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| <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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                                                                                                                                                                                                                                  |                    |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
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| <b>7a ORGANIZATION'S NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                                                                                                                                                                                                                                  |                    |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
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| <b>7b INDIVIDUAL'S SURNAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                                                                                                                                                                                                                                                  |                    |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
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| <b>INDIVIDUAL'S FIRST PERSONAL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                                                                                                                                                  | <b>SUFFIX</b>      |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
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| <b>INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                                                                                                                                                                                                                                  | <b>SUFFIX</b>      |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
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| <b>7c MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>CITY</b>                | <b>STATE</b>                                                                                                                                                                                                                                     | <b>POSTAL CODE</b> | <b>COUNTRY</b> |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
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| <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><small>Indicate collateral</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                                                                                                                                                                                                                                  |                    |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
| <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><small>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                                                                                                                                                                                                                  |                    |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
| <b>9a ORGANIZATION'S NAME</b> Citizens Bank, N.A. formerly known as RBS Citizens, N.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                                                                                                                                                                                                                                  |                    |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
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| <b>9b INDIVIDUAL'S SURNAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>FIRST PERSONAL NAME</b> | <b>ADDITIONAL NAME(S)/INITIAL(S)</b>                                                                                                                                                                                                             | <b>SUFFIX</b>      |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |
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| <b>10. OPTIONAL FILER REFERENCE DATA</b> Debtor: MIDATLANTIC PROCESSING INCORPORATED <span style="float: right;">1480 25073</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                                                                                                                                                                                                                                  |                    |                |                                |                            |                                      |                    |                |  |  |  |                                |     |  |  |  |  |  |  |                                         |  |  |               |  |  |  |  |                                                   |  |  |               |  |  |  |  |