

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) 1510 95981 CSC 801 A. J. 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 FILL NUMBER 200400985910 02/04/2004		1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (for recorded) in the REAL ESTATE RECORDS Filer <u>attach</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13																		
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 <u>one</u> of these two boxes: ☐ Debtor or ☐ Secured Party of record AND Check <u>one</u> 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 <u>one</u> name (6a or 6b) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">6a ORGANIZATION'S NAME COLONIAL MACHINE & TOOL., INC.</td></tr><tr><td style="width: 40%; padding: 5px;">6b INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>					6a ORGANIZATION'S NAME COLONIAL MACHINE & TOOL., INC.				6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
6a ORGANIZATION'S NAME COLONIAL MACHINE & TOOL., INC.																				
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 <u>one</u> name (7a or 7b) (use exact full name, do not omit, modify, or abbreviate any part of the Debtor's name) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">7a ORGANIZATION'S NAME Colonial Machine & Tool Co., Inc.</td></tr><tr><td colspan="4" style="padding: 5px;">7b INDIVIDUAL'S SURNAME</td></tr><tr><td colspan="4" style="padding: 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td colspan="3" style="padding: 5px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td><td style="padding: 5px;">SUFFIX</td></tr></table>					7a ORGANIZATION'S NAME Colonial Machine & Tool Co., Inc.				7b INDIVIDUAL'S SURNAME				INDIVIDUAL'S FIRST PERSONAL NAME				INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
7a ORGANIZATION'S NAME Colonial Machine & Tool Co., Inc.																				
7b INDIVIDUAL'S SURNAME																				
INDIVIDUAL'S FIRST PERSONAL NAME																				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX																	
7c MAILING ADDRESS 5 Salvas Avenue <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;">CITY Coventry</td><td style="width: 10%; padding: 5px;">STATE RI</td><td style="width: 20%; padding: 5px;">POSTAL CODE 02816</td><td style="width: 30%; padding: 5px;">COUNTRY USA</td></tr></table>					CITY Coventry	STATE RI	POSTAL CODE 02816	COUNTRY USA												
CITY Coventry	STATE RI	POSTAL CODE 02816	COUNTRY USA																	
8 ☐ COLLATERAL CHANGE Also check <u>one</u> 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 <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 ☐ and provide name of authorizing Debtor <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">9a ORGANIZATION'S NAME Santander Bank, N.A. FNA Sovereign Bank, N.A.</td></tr><tr><td style="width: 40%; padding: 5px;">9b INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>					9a ORGANIZATION'S NAME Santander Bank, N.A. FNA Sovereign Bank, N.A.				9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
9a ORGANIZATION'S NAME Santander Bank, N.A. FNA Sovereign Bank, N.A.																				
9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX																	
10 OPTIONAL FILER REFERENCE DATA 9553 Debtor: COLONIAL MACHINE & TOOL., INC. 1510 95981																				