**UCC FINANCING STATEMENT AMENDMENT** A. NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) loanoperations@rocklandtrust.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) **Rockland Trust Company** 30 South Main Street Middleboro, MA 02346 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) 1a. INITIAL FINANCING STATEMENT FILE NUMBER #200907715650 filed 7/29/2009 (or recorded) in the REAL ESTATE RECORDS Filen: attact) Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13. TERMINATION: Effect veness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination 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 AND Check one of these three boxes to Check one of these two boxes DELETE name. Give record name to be deleted in item 6a or 6b. This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a ORGANIZATION'S NAME Maritime Terminal 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 one name (7a or 7b) (use exact, full name, do not omit modify, or abpreviate any part of the Debtor's name) 7a ORGANIZATION'S NAME OR 76. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8 COLLATERAL CHANGE. Also check one of these four boxes: DELETE collateral ADD collateral RESTATE covered collateral ASSIGN collaterel 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 Rockland Trust Company 96 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX 10 OPTIONAL FILER REFERENCE DATA: RI SOS

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