

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)	
1658 51278 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
200401496820 08/23/2004

1b This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the RI FILING OFFICE RECORDS. For (track) Amendment, Address (Form UCC34d), 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 one of these two boxes AND Check one of these three boxes to:

This 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 6c.

6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only party name (6a or 6b)

6a ORGANIZATION'S NAME 1550 POST ROAD, LTD.

OR

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 party 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 USA

8 COLLATERAL CHANGE Also check one 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 party 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 BAYVIEW LOAN SERVICING, LLC

OR

9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
-------------------------	---------------------	-------------------------------	--------

10 OPTIONAL FILER REFERENCE DATA Debtor: 1550 POST ROAD, LTD. 1658 51278