UCC-3 Form - CONTINUATION

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FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

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SEND ACKNOWLEDGEMENT TO

Contact name: Corporation Service Company

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City, State Zip Country: Springfield, IL 62703 USA

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: CITIZENS BANK, N.A.

CUSTOMER REFERENCE: DEBTOR: AIDS CARE OCEAN STATE, INC. 2094 78646