

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141				
B E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com				
C SEND ACKNOWLEDGMENT TO: (Name and Address) 14383 - BERKSHIRE Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 81971503 RIRI				
File with: Secretary of State, RI			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
1a INITIAL FINANCING STATEMENT FILE NUMBER 201110620070 12/8/2011 SS RI			1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: <u>glt327</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)				
5a ORGANIZATION'S NAME CORFU, INC.				
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 <u>one</u> 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				
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:				
9a ORGANIZATION'S NAME SAVINGS INSTITUTE BANK AND TRUST COMPANY				
OR 9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: CORFU, INC. 81971503 9999 AUTO CONTINUATION DEFAULT *****				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form
201110620070 12/8/2011 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

SAVINGS INSTITUTE BANK AND TRUST COMPANY

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S); INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13). Provide only one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

CORFU, INC.

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S); INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral)

Debtor Name and Address:

CORFU, INC. - 6913 POST ROAD, NORTH KINGSTOWN, RI 02852

Secured Party Name and Address:

SAVINGS INSTITUTE BANK AND TRUST COMPANY - 803 MAIN STREET, WILLIMANTIC, CT 06226

NEWPORT FEDERAL SAVINGS BANK - 100 BELLEVUE AVENUE, P.O. BOX 210, NEWPORT, RI 02840

1) NEWPORT FEDERAL SAVINGS BANK

15. This FINANCING STATEMENT AMENDMENT

☐ covers timber to be cut; ☐ covers as-extracted collateral; ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest)

17. Description of real estate