

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|
| A NAME & PHONE OF CONTACT AT FILER (optional)<br>Rosa C. Medeiros 401-330-1644                                                 |
| B E-MAIL CONTACT AT FILER (optional)                                                                                           |
| C SEND ACKNOWLEDGMENT TO (Name and Address)<br>TWO CORPORATE PARK ASSOCIATES LP<br>24 INDIAN LANE<br>SOUTH SALEM NY 10590-1332 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER

RI Filing #201514818550 2/25/15 @3:53 pm

1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record, for recorded) in the REAL ESTATE RECORDS  
File: 202227642140 (Form UCC3A) (2011) (provide Debtor's recordation ID)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |      |       |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|-------|---------------------|
| 2 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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<br>For partial assignment, complete items 7 and 9, and also indicate affected collateral in item 8                                                                                                                                                                                                                                     |  |      |       |                     |
| 4 <input type="checkbox"/> 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 <input type="checkbox"/> PARTY INFORMATION CHANGE<br>Check one of these two boxes AND Check one of these three boxes to<br>This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b, and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b |  |      |       |                     |
| 6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b)<br>6a ORGANIZATION'S NAME<br>OR<br>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 abbreviate any part of the Debtor's name:<br>7a ORGANIZATION'S NAME<br>OR<br>7b INDIVIDUAL'S SURNAME<br>INDIVIDUAL'S FIRST PERSONAL NAME<br>INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S) SUFFIX                                                                                                                                             |  |      |       |                     |
| 7c MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | CITY | STATE | POSTAL CODE COUNTRY |
| 8 <input type="checkbox"/> COLLATERAL CHANGE Also check one of these four boxes <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral<br>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<br>HarborOne Bank |                         |                     |                                      |
| OR                                       | 9b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) INITIAL(S) SUFFIX |

10 OPTIONAL FILER REFERENCE DATA