

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO (Name and Address) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"><b>ORION RETAIL SERVICES &amp; FIXTURING, INC.</b> <b>270 JENCKES HILL ROAD</b> <b>SMITHFIELD, RI 02917</b></div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER <b>200603458860</b>		1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13		
2. <input checked="" type="checkbox"/> <b>TERMINATION</b> 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"/> <b>ASSIGNMENT</b> (full or partial) Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8				
4. <input type="checkbox"/> <b>CONTINUATION</b> 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"/> <b>PARTY INFORMATION CHANGE</b> Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record <div style="display: flex; justify-content: space-between; font-size: x-small;"><div>AND Check <u>one</u> of these three boxes to:</div><div>CHANGE name and/or address: Complete item 6a or 6b, <u>and</u> item 7a or 7b <u>and</u> item 7c</div><div>ADD name: Complete item 7a or 7b, <u>and</u> item 7c</div><div>DELETE name: Give record name to be deleted in item 6a or 6b</div></div>				
6. <b>CURRENT RECORD INFORMATION</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
6a. ORGANIZATION'S NAME <b>ORION RETAIL SERVICES &amp; FIXTURING, INC.</b>				
OR 6b. INDIVIDUAL'S SURNAME: FIRST PERSONAL NAME: ADDITIONAL NAME(S)/INITIAL(S): SUFFIX:				
7. <b>CHANGED OR ADDED INFORMATION</b> 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. <input type="checkbox"/> <b>COLLATERAL CHANGE</b> : Also check <u>one</u> 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 Indicate collateral:				
9. <b>NAME OF SECURED PARTY OR RECORD AUTHORIZING THIS AMENDMENT</b> 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 <input type="checkbox"/> and provide name of authorizing Debtor				
9a. ORGANIZATION'S NAME <b>WEBSTER BANK, NATIONAL ASSOCIATION</b>				
OR 9b. INDIVIDUAL'S SURNAME: FIRST PERSONAL NAME: ADDITIONAL NAME(S)/INITIAL(S): SUFFIX:				
10. <b>OPTIONAL FILER REFERENCE DATA</b> <b>0000512873 - To be filed with the Secretary of State, Rhode Island</b>				