

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Name: Wolters Kluwer Lien Solutions Phone 800-331-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT SUBMITTER (optional)
uccfilingreturn@wolterskluwer.com
C SEND ACKNOWLEDGMENT TO (Name and Address) 50171 - 50171 - WF BF
Lien Solutions 96709298
P.O. Box 29071
Glendale, CA 91209-9071 RIRI
File with: Secretary of State, RI
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER
200907631770 6/30/2009 SS RI
1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS
File Attach 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 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 6b

6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b)
6a ORGANIZATION'S NAME
425 DEXTER ASSOCIATES, L.P.
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 one 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 Check only one box
ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral (Check ASSIGN COLLATERAL only if the assignor's power to amend the record is limited to certain collateral, and describe the collateral in item 8)

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
WELLS FARGO BANK, NATIONAL ASSOCIATION, AS AGENT, SUCCESSOR BY MERGER TO WACHOVIA BANK, NATIONAL ASSOCIATION, AS AGENT
OR
9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUFFIX

10 OPTIONAL FILER REFERENCE DATA Debtor Name: 425 DEXTER ASSOCIATES, L.P.
96709298 AMERICAN BILTRITE INC. 1AB

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 200907631770 6/30/2009 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOCIATION, AS AGENT, SUCCESSOR BY MERGER TO WACHOVIA BANK, NATIONAL ASSOCIATION, AS AGENT	
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 425 DEXTER ASSOCIATES, L.P.			
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)
			SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral) OR OTHER INFORMATION (Please Describe)

Debtor Name and Address:
425 DEXTER ASSOCIATES, L.P. - 425 DEXTER STREET, PROVIDENCE, RI 02907

Secured Party Name and Address:
WELLS FARGO BANK, NATIONAL ASSOCIATION, AS AGENT, SUCCESSOR BY MERGER TO WACHOVIA BANK, NATIONAL ASSOCIATION, AS AGENT - 125 High Street, 11th Floor, Boston, MA 02110
WACHOVIA BANK, NATIONAL ASSOCIATION, AS AGENT - 1133 AVENUE OF THE AMERICAS, NEW YORK, NY 10036

1) WACHOVIA BANK, NATIONAL ASSOCIATION, AS AGENT

15. THIS FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> filed as a fixture filing	17. Description of real estate
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)	