

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) 34785 - BROOKLINE
Lien Solutions 97064520
P.O. Box 29071 RIRI
Glendale, CA 91209-9071
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
202023502350 8/18/2020 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 UCC3Ad1 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
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
[X] ADD collateral [] DELETE collateral [] RESTATE covered collateral [] ASSIGN collateral
Indicate collateral: (Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and check the collateral in Section 8)

The Collateral information to exclude the following:
* The Assets represent all, wherever located, whether real or personal, tangible or intangible, that are used in, related to or in any way connected with the fire alarm business of Communication Systems, Inc. which includes and is confined to equipment and services proximately related to fire protection, fire extinguisher, fire sprinkler, fire alarm, fire suppression, and hood system products and services, such as inspections, maintenance, design, product sales and consulting services, and supplying fire protection and alarm equipment, design, installation, consulting, programming, and any other business which Company may be engaged in or may study as a potential business opportunity of Company within the fire protection industry (the "Fire Alarm Business")
* all machinery, equipment and tools, and other similar items used in connection with the Fire Alarm Business

9. NAME OF SECURED PARTY OR 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
BANK RHODE ISLAND
OR
9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA Debtor Name: Communication Systems, Inc
97064520 Small Business BRI 391-3901 320

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 12 on Amendment form
 202023502350 8/18/2020 SS RI

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

OR	12a ORGANIZATION'S NAME BANK RHODE ISLAND	
	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

OR	13a ORGANIZATION'S NAME Communication Systems, Inc			
	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:
 Communication Systems, Inc - 44 Albion Road, Lincoln, RI 02865

Secured Party Name and Address:
 BANK RHODE ISLAND - One Turks Head Place, Providence, RI 02903

- * all inventory items, which shall include all new and used inventory items, of Seller used in connection with the Fire Alarm Business
- * the accounts receivable, loans receivable and notes receivable (aside from notes and loans from shareholders) of the Fire Alarm Business

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