

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141				
<b>B. E-MAIL CONTACT AT SUBMITTER (optional)</b> uccfilingreturn@wolterskluwer.com				
<b>C. SEND ACKNOWLEDGMENT TO (Name and Address)</b> 34785 - BROOKLINE <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><div style="width: 60%;"><p>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</p></div><div style="width: 35%; text-align: center;"><p>100884754</p><p>RIRI</p></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">File with: Secretary of State, RI <b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b></div>				
<b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>				
<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> 200907931050 10/9/2009 SS RI			<b>1b.</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS <small>File: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</small>	
<b>2.</b> <input 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				
<b>3.</b> <input type="checkbox"/> <b>ASSIGNMENT</b> (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 <small>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</small>				
<b>4.</b> <input checked="" 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				
<b>5.</b> <input type="checkbox"/> <b>PARTY INFORMATION CHANGE</b> <div style="display: flex; align-items: center; margin-top: 5px;"><div style="flex: 1;"><small>Check one of these two boxes</small> This Change affects: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record</div><div style="flex: 2;"><small>AND Check one of these three boxes to</small> <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</div></div>				
<b>6. CURRENT RECORD INFORMATION:</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">6a. ORGANIZATION'S NAME</div><div>1-2-3 FINANCIAL SERVICES, INC.</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 5%; text-align: right;">OR 6b. INDIVIDUAL'S SURNAME</div><div style="width: 35%;"></div><div style="width: 30%; text-align: center;">FIRST PERSONAL NAME</div><div style="width: 20%; text-align: center;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 10%; text-align: center;">SUFFIX</div></div>				
<b>7. 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)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">7a. ORGANIZATION'S NAME</div><div></div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 5%; text-align: right;">OR 7b. INDIVIDUAL'S SURNAME</div><div style="width: 35%;"></div><div style="width: 30%; text-align: center;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 20%; text-align: center;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 10%; text-align: center;">SUFFIX</div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 40%; text-align: right;">7c. MAILING ADDRESS</div><div style="width: 15%; text-align: center;">CITY</div><div style="width: 10%; text-align: center;">STATE</div><div style="width: 15%; text-align: center;">POSTAL CODE</div><div style="width: 10%; text-align: center;">COUNTRY</div></div>				
<b>8. COLLATERAL CHANGE</b> Check only <u>one</u> box <div style="display: flex; align-items: center; margin-top: 5px;"><div style="flex: 1;"><input type="checkbox"/> ADD collateral <small>Indicate collateral</small></div><div style="flex: 1;"><input type="checkbox"/> DELETE collateral</div><div style="flex: 1;"><input type="checkbox"/> RESTATE covered collateral</div><div style="flex: 1;"><input type="checkbox"/> ASSIGN* collateral <small>*Check ASSIGN COLLATERAL only if the assignor's power to amend the record is limited to certain collateral and describe the collateral in Section 9</small></div></div>				
<b>9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT</b> Provide only <u>one</u> name (9a or 9b) (name of Assignor if this is an Assignment) <small>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor</small>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">9a. ORGANIZATION'S NAME</div><div>BANK RHODE ISLAND</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 5%; text-align: right;">OR 9b. INDIVIDUAL'S SURNAME</div><div style="width: 35%;"></div><div style="width: 30%; text-align: center;">FIRST PERSONAL NAME</div><div style="width: 20%; text-align: center;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 10%; text-align: center;">SUFFIX</div></div>				
<b>10. OPTIONAL FILER REFERENCE DATA</b> Debtor Name: 1-2-3 FINANCIAL SERVICES, INC. 100884754 315 3615				

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form

200907931050 10/9/2009 SS RI

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

12a. ORGANIZATION'S NAME

BANK RHODE ISLAND

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

1-2-3 FINANCIAL SERVICES, INC.

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:

1-2-3 FINANCIAL SERVICES, INC. - 470 GREENWICH AVE. , WEST WARWICK, RI 02893

Secured Party Name and Address:

BANK RHODE ISLAND - PO BOX 9488 , PROVIDENCE, RI 02940

15. This FINANCING STATEMENT AMENDMENT:

☐

covers timber to be cut

☐

covers as-extracted collateral

☐

is 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)