

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                 |                   |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)<br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 |                   |
| B. E-MAIL CONTACT AT SUBMITTER (optional)<br>uccfilingreturn@wolterskluwer.com                                                  |                   |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 14383 - BERKSHIRE                                                                 |                   |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                                                     | 101141169<br>RIRI |
| File with: Secretary of State, RI<br><b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b>                                     |                   |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

201110426780 10/13/2011 SS RI

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record)  
(or recorded) in the REAL ESTATE RECORDS

Filer: attach Amendment Acknowledgment (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 Statement3. ☐ **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 84. ☐ **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 law5. ☐ **PARTY INFORMATION CHANGE**Check one of these two boxesAND Check one of these three boxes toThis 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 6b6. **CURRENT RECORD INFORMATION** Complete for Party Information Change: provide only one name (6a or 6b)

|                                                     |                          |                     |                               |        |
|-----------------------------------------------------|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME<br>MUEHLBERG PROPERTIES LLC |                          |                     |                               |        |
| 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

Indicate collateral

☐ ADD collateral☐ DELETE collateral☐ RESTATE covered collateral☐ ASSIGN\* collateral

\*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

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>NEWPORT FEDERAL SAVINGS BANK |                          |                     |                               |        |
| OR                                                      | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

10. **OPTIONAL FILER REFERENCE DATA:** Debtor Name: MUEHLBERG PROPERTIES LLC

101141169

2525-SMALL BUSINESS-EASTERN CT/RI

730343340

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

### FOLLOW INSTRUCTIONS

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

201110426780 10/13/2011 SS RI

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

12a. ORGANIZATION'S NAME

NEWPORT FEDERAL SAVINGS BANK

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

MUEHLBERG PROPERTIES LLC

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:

MUEHLBERG PROPERTIES LLC - 224 MIAntonomo DRIVE , WARWICK, RI 02888

Secured Party Name and Address:

NEWPORT FEDERAL SAVINGS BANK - 100 BELLEVUE AVENUE, P.O. BOX 210 , NEWPORT, RI 02840

SAVINGS INSTITUTE BANK AND TRUST COMPANY - 803 MAIN STREET , WILLIMANTIC, CT 06226

1) SAVINGS INSTITUTE BANK AND TRUST COMPANY

15. This FINANCING STATEMENT AMENDMENT

☐ covers timber to be cut; ☐ covers as-extracted collateral; ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest)

17. Description of real estate