

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) 9699 - FEDERAL HOME <div style="display: flex; justify-content: space-between;"><div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>101328292 RIRI</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 727553 4/20/2001 SS RI			1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS <small>Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</small>	
2. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> PARTY INFORMATION CHANGE Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input checked="" type="checkbox"/> Secured Party of record <div style="display: flex; justify-content: space-between;"><div><small>AND Check <u>one</u> of these three boxes to:</small> <input checked="" type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c</div><div><input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c</div><div><input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b</div></div>				
6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="border: 1px solid black; padding: 2px;">6a. ORGANIZATION'S NAME THE FEDERAL HOME LOAN BANK OF PITTSBURGH</div>				
<div style="display: flex; border: 1px solid black;"><div style="width: 40%; border-right: 1px solid black; padding: 2px;">6b. INDIVIDUAL'S SURNAME</div><div style="width: 20%; border-right: 1px solid black; padding: 2px;">FIRST PERSONAL NAME</div><div style="width: 20%; border-right: 1px solid black; padding: 2px;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 20%; padding: 2px;">SUFFIX</div></div>				
7. CHANGED OR ADDED INFORMATION. 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="border: 1px solid black; padding: 2px;">7a. ORGANIZATION'S NAME Federal Home Loan Bank of Pittsburgh</div>				
<div style="display: flex; border: 1px solid black;"><div style="width: 40%; border-right: 1px solid black; padding: 2px;">7b. INDIVIDUAL'S SURNAME</div><div style="width: 20%; border-right: 1px solid black; padding: 2px;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 20%; border-right: 1px solid black; padding: 2px;">INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 20%; padding: 2px;">SUFFIX</div></div>				
7c. MAILING ADDRESS				
301 Grant Street, Suite 2000		CITY Pittsburgh	STATE PA	POSTAL CODE 15219
				COUNTRY USA
8. COLLATERAL CHANGE Check only <u>one</u> box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral <small>Indicate collateral: *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 9</small>				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT. 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				
<div style="border: 1px solid black; padding: 2px;">9a. ORGANIZATION'S NAME THE FEDERAL HOME LOAN BANK OF PITTSBURGH</div>				
<div style="display: flex; border: 1px solid black;"><div style="width: 40%; border-right: 1px solid black; padding: 2px;">9b. INDIVIDUAL'S SURNAME</div><div style="width: 20%; border-right: 1px solid black; padding: 2px;">FIRST PERSONAL NAME</div><div style="width: 20%; border-right: 1px solid black; padding: 2px;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 20%; padding: 2px;">SUFFIX</div></div>				
10. OPTIONAL FILER REFERENCE DATA Debtor Name: SOVEREIGN LMI, INC. 101328292 FHLB				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
727553 4/20/2001 SS RI

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

12a. ORGANIZATION'S NAME

THE FEDERAL HOME LOAN BANK OF PITTSBURGH

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

SOVEREIGN LMI, 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:

SOVEREIGN LMI, INC. - 15 WESTMINSTER STREET, PROVIDENCE, RI 02903

Secured Party Name and Address:

Federal Home Loan Bank of Pittsburgh - 301 Grant Street Suite 2000, Pittsburgh, PA 15219

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