

LT1-5-2010016115-1

LT2-0-0-1

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|--|--|
| A NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141 | |
| B SEND ACKNOWLEDGEMENT TO: (Name and Address) 718316 FEDERAL RESER | |
| CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | |
| 22159965 DCDC | |

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02/26/2010 11:12AM Pages 1
Filed & Recorded in Official Records of
WASH DC RECORDER OF DEEDS LARRY TODD

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

| | | | | |
|--|---|--|---|--|
| 1a. ORGANIZATION'S NAME Australia and New Zealand Banking Group Limited | | | | |
| OR | | | | |
| 1b INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 1c MAILING ADDRESS 1177 Avenue of the Americas 6th Floor | | CITY New York | STATE NY | POSTAL CODE 10036 |
| 1d SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 1e TYPE OF ORGANIZATION CORPORATION | 1f. JURISDICTION OF ORGANIZATION AUS | 1g ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

| | | | | |
|---------------------------|---|-------------------------|----------------------------------|---|
| 2a ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 2b INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| 2d SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 2e TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

| | | | | |
|--|--|------------------|-------------|----------------------|
| 3a ORGANIZATION'S NAME Federal Reserve Bank of New York | | | | |
| OR | | | | |
| 3b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 3c MAILING ADDRESS 33 Liberty Street | | CITY New York | STATE NY | POSTAL CODE 10045 |

4. This FINANCING STATEMENT covers the following collateral:

All accounts, chattel paper, inventory, equipment, instruments, investment property, general intangibles, documents, and all assets, now owned or hereafter acquired, that are identified, from time to time, by Debtor to Secured Party in writing, by electronic means (including by CD-ROM) or by any other means agreed by the parties, as collateral securing the obligations of Debtor to Secured Party under a written agreement between the parties, and all proceeds thereof; and all collateral, guarantees, letters of credit, surety bonds and other supporting obligations pertaining to the foregoing, and all proceeds thereof.

| | |
|------------------------|----------|
| SURCHARGE UCCRECORD | \$ 6.50 |
| | \$ 40.00 |

5. ALTERNATIVE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed (or recorded) in the REAL ESTATE RECORDS. Attach Appendix (if applicable) REQUEST SEARCH REPORT(S) on Debtor(s) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

22159965

FG-2

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