

THIS SPACE FOR USE OF FILING OFFICER

**FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY**  
 This Financing Statement is presented for filing pursuant to the Uniform Commercial Code  
 and will remain effective, with certain exceptions, for 5 years from date of filing.

A NAME & TEL # OF CONTACT AT FILER (optional)	B FILING OFFICE ACCT # (optional)
C RETURN COPY TO (Name and Mailing Address)	
<input type="checkbox"/> Please Return to: Intercounty Clearance Corporation 111 Washington Avenue Albany, NY 12210  18316 966687	

D OPTIONAL DESIGNATION (if applicable) LESSOR/LESSEE CONSIGNOR/CONSIGNEE NON-UCC FILING

1 DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a ENTITY'S NAME					
OR 1b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL CODE
c/o 200 Park Avenue		New York	NY	USA	10166
1d SS OR TAX ID #	OPTIONAL ADDNL INFO RE ENTITY DEBTOR	1e TYPE OF ENTITY	1f ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1g ENTITY'S ORGANIZATIONAL ID # if any	
13-2901144				NONE	

2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a ENTITY'S NAME					
OR 2b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL CODE
200 Park Avenue		New York	NY	USA	10166
2d SS OR TAX ID #	OPTIONAL ADDNL INFO RE ENTITY DEBTOR	2e TYPE OF ENTITY	2f ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g ENTITY'S ORGANIZATIONAL ID # if any	
13-2901144				NONE	

3 SECURED PARTY'S (ORIGINAL S/P OR ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a ENTITY'S NAME					
OR 3b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL CODE
33 Liberty Street		New York	NY	USA	10045

4 This FINANCING STATEMENT covers the following types or items of property

See Attachment A

FILE IN CHATTEL RECORDS

5 CHECK BOX (if applicable)	This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state or (b) in accordance with other statutory provisions (additional data may be required)	7 If filed in Florida (check one) <input type="checkbox"/> Documentary stamp tax paid <input type="checkbox"/> Documentary stamp tax not applicable
6 REQUIRED SIGNATURE(S)	EVP & GM / WFS Americas  SVP Operations / Americas	8 This FINANCING STATEMENT is to be filed (or recorded) in the REAL ESTATE RECORDS <input type="checkbox"/> Attach Addendum <input type="checkbox"/> (applicable)
Debtors: 		9 Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) <input type="checkbox"/> (ADDITIONAL FEE) <input type="checkbox"/> (optional) All Debtors Debtor 1 Debtor 2

(1) FILING OFFICER COPY — NATIONAL FINANCING STATEMENT (FORM UCC1) (TRANS) (REV 12/18/95)

D34913  
DC AB

**ATTACHMENT A**

**Debtor:** **National Australia Bank, Ltd.**

**Secured Party: Federal Reserve Bank of New York**

**Collateral Description:**

All loans and other extensions of credit (including accounts) now owned or hereafter acquired that are identified, from time to time, by Debtor to Secured Party in writing or by electronic means 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.

3  
Doc# 2001064204  
Book: —  
Pages: —  
Filed & Recorded  
07/18/2001 10:19:03 AM  
HENRY RILEY  
RECORDERS OF DEEDS  
WASHINGTON D.C. RECORDERS OF DEEDS  
SURCHARGE \$ 5.00  
ADDITIONAL DEBT \$ 15.00  
RECORDING \$ 20.00

Doc# : 2011017093  
Page 1 of 2  
Date: 02/09/2011 2:22PM  
Filed & Recorded in  
Official Records of  
WASH DC RECORDER OF DEEDS  
LARRY TODD  
RECORDER OF DEEDS  
Doc Type: EFINANCING

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
UCC Direct Services 713-533-4661

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

UCC Direct Services

Houston, TX 77019

PROCESSING \$ 5.00  
ERECORD \$ 15.00  
ESURCHARGE \$ 6.50

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
2001064204

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

2.  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3.  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects  Debtor or  Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  DELETE name: Give record name to be deleted in item 6a or 6b.  ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

CITY

STATE POSTAL CODE

COUNTRY

7d. TAX ID #: SSN OR EIN  ADD'L INFO RE ORGANIZATION  
DEBTOR  7e. TYPE OF ORGANIZATION  7f. JURISDICTION OF ORGANIZATION  7g. ORGANIZATIONAL ID #, if any

NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Terminator authorized by a Debtor, check here  and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

FEDERAL RESERVE BANK OF NEW YORK

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCEDATA

Doc# : 2011017093  
Page 2 of 2  
Date: 02/09/2011 2:22PM  
Filed & Recorded in  
Official Records of  
WASH DC RECORDER OF DEEDS  
LARRY TODD  
RECORDER OF DEEDS  
Doc Type: EFINANCING

PROCESSING	\$	5.00
ERECORD	\$	15.00
ESURCHARGE	\$	6.50

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)  
2001064204

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

FEDERAL RESERVE BANK OF NEW YORK

OR

12b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME, SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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Debtor names added for indexing  
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NATIONAL AUSTRALIA BANK, LTD  
NATIONAL AUSTRALIA BANK LIMITED, NEW YORK BRANCH