



204002

2013 FEB 15 AM 9:45

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

CT Lien Solutions
 187 Wolf Rd. Ste 101
 Albany, NY 12206
 518-8807411

DRAWDOWN ACCOUNT #18

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

OR

1b. INDIVIDUAL'S LAST NAME: **Falcone** FIRST NAME: **Philip** MIDDLE NAME: **A.** SUFFIX:

1c. MAILING ADDRESS: **22 East 67th Street** CITY: **New York** STATE: **NY** POSTAL CODE: **10065** COUNTRY: **USA**

14. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any 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: **Falcone** FIRST NAME: **Lisa** MIDDLE NAME: **Maria** SUFFIX:

2c. MAILING ADDRESS: **22 East 67th Street** CITY: **New York** STATE: **NY** POSTAL CODE: **10065** COUNTRY: **USA**

2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any 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: **Fortress Credit Corp.**

OR

3b. INDIVIDUAL'S LAST NAME: CITY: STATE: POSTAL CODE: COUNTRY:

3c. MAILING ADDRESS: **1345 Avenue of the Americas** CITY: **New York** STATE: **NY** POSTAL CODE: **10105** COUNTRY: **USA**

4. This FINANCING STATEMENT covers the following collateral:

All shares of capital stock, all membership interests, all partnership interests (whether general or limited), all participations or other interests in the equity or profits of, and all warrants, options or other rights to acquire any of the above in, SCI East 67th Street, a civil real estate corporation formed under the laws of Saint Barthelemy, Guadeloupe, and all proceeds of any of the above.

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 for record (or recorded) in the REAL ESTATE RECORDS Attach Addendum 7. Check to REQUEST SEARCH REPORT (S) on Debtor(s) (OPTIONAL) All Debtors Debtor 1 Debtor 2 (ADDITIONAL FEE)

8. OPTIONAL FILER REFERENCE DATA

NY DOS

FILING OFFICE COPY - UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

DEUCC1PNAT - 12/17/2002 C T System Online

FILING NUMBER: 201302150086472

UCC FINANCING STATEMENT ADDITIONAL PARTY
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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19. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

19a. ORGANIZATION'S NAME

OR

19b. INDIVIDUAL'S LAST NAME Falcone	FIRST NAME Philip	MIDDLE NAME, SUFFIX A.
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20. MISCELLANEOUS:

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21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (21a or 21b) - do not abbreviate or combine names

21a. ORGANIZATION'S NAME

OR

21b. INDIVIDUAL'S LAST NAME Falcone	FIRST NAME Philip	MIDDLE NAME	SUFFIX
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21c. MAILING ADDRESS

21d. CITY New York	STATE NY	POSTAL CODE 10065	COUNTRY USA
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21e. TYPE OF ORGANIZATION

21f. JURISDICTION OF ORGANIZATION

22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (22a or 22b) - do not abbreviate or combine names

22a. ORGANIZATION'S NAME

OR

22b. INDIVIDUAL'S LAST NAME Falcone	FIRST NAME Lisa	MIDDLE NAME	SUFFIX
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22c. MAILING ADDRESS

22d. CITY New York	STATE NY	POSTAL CODE 10065	COUNTRY USA
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22e. TYPE OF ORGANIZATION

22f. JURISDICTION OF ORGANIZATION

23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (23a or 23b) - do not abbreviate or combine names

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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23c. MAILING ADDRESS

23d. CITY	STATE	POSTAL CODE	COUNTRY
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23e. TYPE OF ORGANIZATION

23f. JURISDICTION OF ORGANIZATION

24. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (24a or 24b)

24a. ORGANIZATION'S NAME

OR

24b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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24c. MAILING ADDRESS

24d. CITY	STATE	POSTAL CODE	COUNTRY
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25. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (25a or 25b)

25a. ORGANIZATION'S NAME

OR

25b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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25c. MAILING ADDRESS

25d. CITY	STATE	POSTAL CODE	COUNTRY
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