[redacted]

**UCC FINANCING STATEMENT**
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

REFERENCE NUMBER:

A. NAME & PHONE OF CONTACT AT FILER (optional)
**MARISA BARTO - 800 433 7098**

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

**MATCO TOOLS**
**4403 ALLEN RD.**
**STOW, OH 44224**

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 | FIRST NAME | MIDDLE NAME | SUFFIX |
|---|---|---|---|
| **MARINO** | **ALEJANDRO** | | |

| 1c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---|---|---|---|---|
| **61 NEW YORK AV** | **WARWICK** | **RI** | **02888** | **USA** |

| 1d. TAX ID#: SSN or EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID#, if any |
|---|---|---|---|---|
| | | | | [X] 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 | COUNTRY |
|---|---|---|---|---|
| | | | | |

| 2d. TAX ID#: SSN or EIN | 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
**NMTC INC. D/B/A MATCO TOOLS**

OR

| 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|---|---|---|---|
| | | | |

| 3c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---|---|---|---|---|
| **4403 ALLEN RD.** | **STOW** | **OH** | **44224** | **USA** |

4. This FINANCING STATEMENT covers the following collateral:

**ALL TOOLS AND EQUIPMENT NOW OWNED BY DEBTOR FOR USE IN DEBTOR'S TRADE OR BUSINESS TOGETHER WITH ANY AND ALL SIMILAR TOOLS AND EQUIPMENT HEREAFTER ACQUIRED.**

5. ALTERNATIVE DESIGNATION (if applicable) [ ] LESEE/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 [if applicable]

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [Additional Fee] [Optional] [ ] All Debtors [ ] Debtor 1 [ ] Debtor 2

8. OPTIONAL FILER REFERENCE DATA
**N021000305**

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