

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                            |                      |
|--------------------------------------------------------------------------------------------|----------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Phone:(800) 331-3282 Fax: (818) 662-4141 |                      |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 8719 CENTER CAPITAL                         |                      |
| UCC Direct Services<br>P.O. Box 29071<br>Glendale, CA 91209-9071                           | 10865681<br><br>RIRI |

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<br>Orion Retail Services & Fixturing, Inc. |  |                                   |                                          |                                        |
| OR                                                                 |  |                                   |                                          |                                        |
| 1b. INDIVIDUAL'S LAST NAME                                         |  | FIRST NAME                        | MIDDLE NAME                              | SUFFIX                                 |
| 1c. MAILING ADDRESS<br>270 Jenckes Hill Road                       |  | CITY<br>Smithfield                | STATE<br>RI                              | POSTAL CODE<br>02865                   |
| 1d. <u>SEE INSTRUCTIONS</u>                                        |  | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION<br>CORPORATION  | 1f. JURISDICTION OF ORGANIZATION<br>RI |
|                                                                    |  |                                   | 1g. ORGANIZATIONAL ID #, if any<br>61404 | <input 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. <u>SEE INSTRUCTIONS</u> |  | 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<br>Center Capital Corporation |  |                    |             |                      |
| OR                                                    |  |                    |             |                      |
| 3b. INDIVIDUAL'S LAST NAME                            |  | FIRST NAME         | MIDDLE NAME | SUFFIX               |
| 3c. MAILING ADDRESS<br>3 Farm Glen Blvd               |  | CITY<br>Farmington | STATE<br>CT | POSTAL CODE<br>06032 |
|                                                       |  |                    |             | COUNTRY<br>USA       |

4. This FINANCING STATEMENT covers the following collateral:

One (1) Hyundai HLF30-5 Fork Lift S/N: FU0310636; One (1) Clark TMG15S Fork Lift S/N: TMG248-0695-7498FB; One (1) Omal HBD 1550 CNC Drill/Glue/Insert Machine S/N: 6514; One (1) JC Uhling HP 300 Case Clamp with Optional Top Pressure S/N: 1813; One (1) JC Uhling HP 4000 Case Clamp with 2 Moveable 1 Fixed Left Squaring Side, 4 Top Pressure Platens with One Quick Change and One Additional Horizontal Pressure Platens S/N 1056 and any and all equipment financed by Secured Party, from time to time, pursuant to that certain Master Loan and Security Agreement No. 54742 dated April 5, 2007, including any and all accessories, accessions, substitutions, replacement parts, replacements, attachments, proceeds and insurance proceeds, plus any and all chattel paper, accounts, contract rights, payment intangibles and general intangibles arising from the sale, lease, or other disposition thereof. [Nothing contained herein shall be deemed to authorize Debtor to sell, lease or dispose of the collateral in contravention of its agreement with Secured Party.] #54742-01

|                                                                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 5. ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING |  |
| 6. <input type="checkbox"/> 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) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/> (OPTIONAL FEE)                                                                                    |  |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                                                                                                                                                                      |  |
| 10865681                                                                                                                                                                                                                                                                              |  |

Contracts

POP 54742-01 Orion Retail Services