

UCC-1 Form

Filing Number: **200705267720** Filing Date: **8/6/2007 8:38:59 AM**

FILER INFORMATION

Full name: **CINDY RAMBERT** Phone: **216-813-0084**

CONTACT INFORMATION

Contact name: **CYNTHIA RAMBERT**

Street #1: **4910 TIEDEMAN RD**

City: **BROOKLYN** State: **OH** ZIP: **44144** Country: **USA**

Notification Method: **E-Mail** Email: **CYNTHIA_RAMBERT@KEYBANK.COM**

DEBTOR INFORMATION

Last Name: **GOSSELIN** First: **THOMAS** Middle: **A**

Mailing Address1: **60 SUNNYBROOK DR**

City: **N KINGSTON** State: **RI** ZIP: **02852** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **KEY BANK NA**

Mailing Address1: **4910 TIEDEMAN RD**

City: **BROOKLYN** State: **OH** ZIP: **44144** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

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