

UCC-1 Form

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CONTACT INFORMATION

Contact name: **CARL ZEISS IMT CORP**
Street #1: **6250 SYCAMORE LANE NORTH**
City: **MAPLE GROVE** State: **MN** ZIP: **55369** Country: **USA**
Notification Method: **E-Mail** Email: **rstellburg@zeiss.com**

DEBTOR INFORMATION

Org. Name: **AMTROL INC**
Org. Type: **CORP** Jurisdiction: **RI** Org. ID: **NONE**
Mailing Address1: **1400 DIVISION ROAD**
City: **WEST WARWICK** State: **RI** ZIP: **02893** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **CARL ZEISS IMT CORP**
Mailing Address1: **6250 SYCAMORE LANE NORTH**
City: **MAPLE GROVE** State: **MN** ZIP: **55369** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

SURFCOM 2000SD-13-N
S/N KA8902LA
ALL ACCESSORIES AND RELATED PRODUCTS ASSOCIATED WITH SALES ORDER#1021661703 - PO#96440