

UCC-1 Form

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FILER INFORMATION

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CONTACT INFORMATION

Contact name: **KEYBANK NA**

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

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DEBTOR INFORMATION

Last Name: **DEFUSCO** First: **TONIANN** Middle: **C**

Mailing Address1: **10 CORNELL ST**

City: **CRANSTON** State: **RI** ZIP: **02920** Country: **USA**

Last Name: **DEFUSCO** First: **WILLIAM** Middle: **J**

Mailing Address1: **10 CORNELL ST**

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SECURED PARTY INFORMATION

Org. Name: **KEYBANK**

Mailing Address1: **4910 TIEDEMAN RD**

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

TRANSACTION TYPE: STANDARD

COLLATERAL

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