

UCC-1 Form

FILER INFORMATION

Full name: **BECK/ARNLEY WORLDPARTS, INC.** *Phone:* **615-220-3244**

CONTACT INFORMATION

Contact name: **CRYSTAL HILLER**

Street #1: **2375 MIDWAY LANE**

City: **SMYRNA** *State:* **TN** *ZIP:* **37167** *Country:* **USA**

Notification Method: **E-Mail** *Email:* **crystal.hiller@beckarnley.com**

DEBTOR INFORMATION

Org. Name: **AUTO COLOR ENTERPRISES, INC.**

Org. Type: **CORPORATION** *Jurisdiction:* **RI** *Org. ID:* **NONE**

Mailing Address1: **1425 KINGSTOWN ROAD, UNIT 5**

City: **WAKEFIELD** *State:* **RI** *ZIP:* **02879** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **BECK/ARNLEY WORLDPARTS, INC.**

Mailing Address1: **2375 MIDWAY LANE**

City: **SMYRNA** *State:* **TN** *ZIP:* **37167** *Country:* **USA**

TRANSACTION TYPE:

COLLATERAL

All Beck/Arnley Worldparts, Inc. manufactured, sold or distributed by Secured Party, up to a maximum of the current A/R balance plus an additional 20% now owned or hereafter acquired by Debtor, and wheresoever located, and the proceeds and products thereof in any form whatsoever and all accounts receivable, notes receivable and general intangibles or contract rights of Debtor wheresoever located whether now owned or hereafter arising and the proceeds and products of each of the foregoing in any form whatsoever; all insurance proceeds on the collateral, whether or not the Secured Party is listed as a payee on any loss payable clause on any insurance policies covering the collateral.