UCC-1 Form

FILER INFORMATION

Full name: **HEXAGON METROLOGY, INC.** *Phone:* **401 886 2668**

CONTACT INFORMATION

Contact name: **KEVIN MCBRIDE, MGR. FINL. SVCS.**
Street #1: **250 CIRCUIT DRIVE**
City: **NORTH KINGSTOWN** *State:* **RI** *ZIP:* **02852** *Country:* **USA**
Notification Method: **E-Mail** *Email:* **kevin.mcbride@hexagonmetrology.com**

DEBTOR INFORMATION

Org. Name: **ELECTRIC BOAT CORPORATION**
Org. Type: **CORPORATION** *Jurisdiction:* **CT** *Org. ID:* **0054093**
Mailing Address1: **165 DILLABUR AVENUE**
City: **NORTH KINGSTOWN** *State:* **RI** *ZIP:* **02852** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **HEXAGON METROLOGY, INC.**
Mailing Address1: **250 CIRCUIT DRIVE**
City: **NORTH KINGSTOWN** *State:* **RI** *ZIP:* **02852** *Country:* **USA**

TRANSACTION TYPE:

COLLATERAL

One (1) Romer Infinite Model 2.0 Portable Arm Measuring Machine Serial Number 5136SC-133.