UCC-1 Form

CONTACT INFORMATION

Contact name: **CSC**
Street #1: **801 STEVENSON DRIVE**
City: **SPRINGFIELD** *State:* **IL** *ZIP:* **62703** *Country:* **USA**
Notification Method: **E-Mail** *Email:* **vadcock@cscinfo.com**

DEBTOR INFORMATION

Org. Name: **SUBURBAN TRAVEL AGENCY, INC.**
Org. Type: **CORP.** *Jurisdiction:* **RI** *Org. ID:* **15000**
Mailing Address1: **1250 MINERAL SPRING AVENUE**
City: **NORTH PROVIDENCE** *State:* **RI** *ZIP:* **02904** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **RBS CITIZENS, N.A.**
Mailing Address1: **ONE CITIZENS PLAZA**
City: **PROVIDENCE** *State:* **RI** *ZIP:* **02903** *Country:* **USA**

TRANSACTION TYPE: STANDARD