

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: **filingdept@cscinfo.com**

DEBTOR INFORMATION

Org. Name: **JACOB TALBOT, INC.**
Org. Type: **CORP.** Jurisdiction: **RI** Org. ID: **122630**
Mailing Address1: **24 BIG DRUM ROAD**
City: **LITTLE COMPTON** State: **RI** ZIP: **02837-1903** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **SOVEREIGN BANK**
Mailing Address1: **450 PENN STREET**
City: **READING** State: **PA** ZIP: **19602** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

All Assets