

UCC-3 Form - Continuation

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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: **EAS-PEC, INC.**
Mailing Address1: **8 WEST VIEW DRIVE**
City: **COVENTRY** State: **RI** ZIP: **02816** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **RHODE ISLAND HOSPITAL TRUST NATIONAL BANK**
Mailing Address1: **ONE HOSPITAL TRUST PLAZA**
City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

ASSIGNEE INFORMATION

Org. Name: **SOVEREIGN BANK, A FEDERAL SAVINGS BANK**
Mailing Address1: **1130 BERKSHIRE BLVD**
City: **WYOMISSING** State: **PA** ZIP: **19160** Country: **USA**

TRANSACTION TYPE: STANDARD