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: **WICKFORD WEB WORKS, INC.**
Org. Type: **CORP.** *Jurisdiction:* **RI** *Org. ID:* **142541**
Mailing Address1: **23 BROWN STREET, SUITE 201**
City: **NORTH KINGSTOWN** *State:* **RI** *ZIP:* **02852** *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