

UCC-3 Form - Continuation

Original File Number: **664893** Original File Date: **4/14/1997**

FILER INFORMATION

Full name: **EMELITA Y RUSHING** Phone: **317 843 4777**

CONTACT INFORMATION

Contact name: **AUTOMOTIVE FINANCE CORPORATION**

Street #1: **13085 HAMILTON CROSSING BLVD**

Street #2: **STE 300**

City: **CARMEL** State: **IN** ZIP: **46032** Country: **USA**

Notification Method: **E-Mail** Email: **ERUSHING@AUTOFINANCE.COM**

DEBTOR INFORMATION

Org. Name: **PRIME AUTO BROKERS, INC.**

Mailing Address1: **347 BROADWAY**

City: **PAWTUCKET** State: **RI** ZIP: **02860** Country: **USA**

Org. Name: **PRIME AUTO BROKERS, INC.**

Mailing Address1: **347 BROADWAY**

Mailing Address2: **433 BROADWAY**

City: **PAWTUCKET** State: **RI** ZIP: **02860** Country: **USA**

Org. Name: **PRIME AUTO BROKERS, INC.**

Org. Type: **CORP** Jurisdiction: **RI** Org. ID: **NONE**

Mailing Address1: **347 BROADWAY**

City: **PAWTUCKET** State: **RI** ZIP: **02860** Country: **USA**

Org. Name: **PRIME AUTO BROKERS, INC.**

Org. Type: **CORP** Jurisdiction: **RI** Org. ID: **NONE**

Mailing Address1: **347 BROADWAY**

Mailing Address2: **433 BROADWAY**

City: **PAWTUCKET** State: **RI** ZIP: **02860** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **AUTOMOTIVE FINANCE CORPORATION**

Mailing Address1: **TWO PARKWOOD CROSSING**

Mailing Address2: **310 E. 96TH STREET, SUITE 300**

City: **INDIANAPOLIS** State: **IN** ZIP: **46240** Country: **USA**

Org. Name: **AUTOMOTIVE FINANCE CORPORATION**

Mailing Address1: **TWO PARKWOOD CROSSING**

Mailing Address2: **310 EAST 96TH STREET, SUITE 300**

City: **INDIANAPOLIS** State: **IN** ZIP: **46240** Country: **USA**

Org. Name: **AUTOMOTIVE FINANCE CORPORATION**

Mailing Address1: **WWW.AFCDEALER.COM**

Mailing Address2: **13085 HAMILTON CROSSING BLVD SUITE 300**

City: **CARMEL** State: **IN** ZIP: **46032** Country: **USA**

TRANSACTION TYPE: STANDARD