

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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| A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 | |
| B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 83701968 - 361040 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rhode Island (S.O.S.) | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

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|--|--------------------------|---------------------|-------------------------------|-------------------|
| 1a. ORGANIZATION'S NAME AXION BUSINESS TECHNOLOGIES, INC | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 832 DYER DRIVE | | CITY CRANSTON | STATE RI | POSTAL CODE 02920 |
| | | | | COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | | COUNTRY |

3. SECURED PARTY'S NAME (or NAME OF ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|--------------------------|---------------------|-------------------------------|-------------------|
| 3a. ORGANIZATION'S NAME Wells Fargo Financial Leasing, Inc. | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 800 Walnut Street, MAC N0005-044 | | CITY Des Moines | STATE IA | POSTAL CODE 50309 |
| | | | | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:

ALL OF DEBTOR'S RIGHT, TITLE AND INTEREST IN AND TO (A) THOSE CERTAIN LEASE AGREEMENTS, LOAN AGREEMENTS, NOTES AND SECURITY AGREEMENTS OR OTHER FORM OF CHATTEL PAPER ("CUSTOMER AGREEMENTS") NOW OR HEREAFTER SOLD OR ASSIGNED BY DEBTOR AS SELLER TO SECURED PARTY AS PURCHASER INCLUDING ALL RIGHTS AND REMEDIES THEREUNDER AND UNDER ANY OTHER AGREEMENTS AND DOCUMENTS TO THE EXTENT RELATED TO THE CUSTOMER AGREEMENTS; (B) ALL GUARANTIES TO THE EXTENT RELATED TO THE CUSTOMER AGREEMENTS; (C) ALL EQUIPMENT DESCRIBED IN THE CUSTOMER AGREEMENTS, TOGETHER WITH ALL PRESENT AND FUTURE ATTACHMENTS, ACCESSORIES, SUBSTITUTIONS, REPLACEMENTS, ACCESSIONS AND ADDITIONS THERETO, AND ALL LEASES, CHATTEL PAPER, DOCUMENTS, GENERAL INTANGIBLES, INSTRUMENTS, ACCOUNTS, RENTAL AND CONTRACT RIGHTS NOW EXISTING OR HEREAFTER ARISING WITH RESPECTS TO THE EQUIPMENT; AND (D) ALL CASH AND NON-CASH PROCEEDS THEREOF.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA: 000-0000000-000-

83701968