

UCC-3 Form - Continuation

Original File Number: **200401658930** Original File Date: **10/20/2004 3:46:00 PM**

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY** Phone: **800-858-5294**

CONTACT INFORMATION

Contact name: **CSC[86922156]**

Street #1: **801 ADLAI STEVENSON DR**

City: **SPRINGFIELD** State: **IL** ZIP: **62703** Country: **USA**

Notification Method: **E-MAIL** Email: **RIUCCFILINGS@CSCINFO.COM**

DEBTOR INFORMATION

Org. Name: **NEW ENGLAND AMBULANCE SERVICE, INC.**

Mailing Address1: **37 MANUEL AVENUE**

City: **JOHNSTON** State: **RI** ZIP: **02919** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **SOVEREIGN BANK**

Mailing Address1: **ONE FINANCIAL PLAZA**

City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

ASSIGNEE INFORMATION

Org. Name: **SUMMITBRIDGE CREDIT INVESTMENTS III LLC**

Mailing Address1: **C/O SUMMIT, 1700 LINCOLN STREET, SUITE 2150**

City: **DENVER** State: **CO** ZIP: **80203** Country: **USA**

TRANSACTION TYPE: STANDARD

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ALTERNATIVE DESIGNATION: