

UCC-3 Form - Continuation

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FILER INFORMATION

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

CONTACT INFORMATION

Contact name: **CSC[93334498]**

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: **VICTORY TRANSPORTATION, INC.**

Mailing Address1: **999 PONTIAC AVENUE**

City: **CRANSTON** State: **RI** ZIP: **02920** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **CAPITAL ONE F.S.B. AND OR IT'S ASSIGNS**

Mailing Address1: **10800 NUCKOLS ROAD**

City: **GLEN ALLEN** State: **VA** ZIP: **23060** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: