

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **CT LIEN SOLUTIONS** Phone: **(800)331-3282**

CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**

Street #1: **P.O. BOX 29071**

Street #2: **ORDER:47920675**

City: **GLENDALE** State: **CA** ZIP: **91209-9071** Country: **USA**

Notification Method: **E-MAIL** Email: **SOSACK@UCCDIRECT.COM**

DEBTOR INFORMATION

Org. Name: **WOOD BOAT AND MOTOR INCORPORATED**

Mailing Address1: **3630 WEST SHORE ROAD**

City: **WARWICK** State: **RI** ZIP: **02886** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **GE COMMERCIAL DISTRIBUTION FINANCE CORPORATION**

Mailing Address1: **261 MOUNTAIN VIEW DRIVE**

City: **COLCHESTER** State: **VT** ZIP: **05446** Country: **USA**

Org. Name: **GE COMMERCIAL DISTRIBUTION FINANCE CORPORATION**

Mailing Address1: **5595 TRILLIUM BLVD.**

City: **HOFFMAN ESTATES** State: **IL** ZIP: **60192** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: