

UCC-3 Form - Continuation

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FILER INFORMATION

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

CONTACT INFORMATION

Contact name: **CSC[100609074]**

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: **NARRAGANSETT CAR COMPANY OF RHODE ISLAND, INC.**

Mailing Address1: **1133 WEST MAIN ROAD**

City: **NEWPORT** State: **RI** ZIP: **02842** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **HYUNDAI CAPITAL AMERICA**

Mailing Address1: **10550 TALBERT AVE.**

City: **FOUNTAIN VALLEY** State: **CA** ZIP: **92708** Country: **USA**

Org. Name: **HYUNDAI CAPITAL AMERICA**

Mailing Address1: **3161 MICHELSON DRIVE, SUITE 1800 ATTN: COMMERCIAL**

Mailing Address2: **CREDIT**

City: **IRVINE** State: **CA** ZIP: **92612** Country: **USA**

TRANSACTION TYPE: STANDARD

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