

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **AUTOMOTIVE FINANCE C CORPORATION** Phone: **3178434777**

CONTACT INFORMATION

Contact name: **AUTOMOTIVE FINANCE CORPORATION**

Street #1: **13085 HAMILTON CROSSING BLVD SUITE 300**

Street #2: **NONE**

City: **CARMEL** State: **IN** ZIP: **46032** Country: **USA**

Notification Method: **E-MAIL** Email: **BRIAN.DOYLE@AUTOFINANCE.COM**

DEBTOR INFORMATION

Org. Name: **CALDER STREET AUTO SALES**

Org. Type: **DBA CORP** Jurisdiction: **RI** Org. ID: **NONE**

Mailing Address1: **121 CALDER STREET**

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

Org. Name: **TED'S WHOLESALE AUTO SPECIALIST, INC.**

Org. Type: **CORP** Jurisdiction: **RI** Org. ID: **NONE**

Mailing Address1: **121 CALDER STREET**

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

SECURED PARTY INFORMATION

Org. Name: **AUTOMOTIVE FINANCE CORPORATION**

Mailing Address1: **WWW.AFCDEALER.COM, 13085 HAMILTON CROSSING BLVD STE 300**

City: **CARMEL** State: **IN** ZIP: **46032** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

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