

UCC-3 Form - Continuation

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CONTACT INFORMATION

Contact name: **CORPORATION SERVICE COMPANY**

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

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

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

DEBTOR INFORMATION

Org. Name: **DIXI MART, INC.**

Mailing Address1: **548 ATWELLS AVENUE**

City: **PROVIDENCE** State: **RI** ZIP: **02909 2414** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **7-ELEVEN, INC.**

Mailing Address1: **PO BOX 219088**

City: **DALLAS** State: **TX** ZIP: **75221** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: