

# UCC-3 Form - Amendment

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## FILER INFORMATION

Full name: **NCS UCC SERVICES GROUP** Phone: **4404619661**

## CONTACT INFORMATION

Contact name: **NCS UCC SERVICES GROUP**

Street #1: **PO BOX 24101**

City: **CLEVELAND** State: **OH** ZIP: **44124** Country: **USA**

Notification Method: **E-MAIL** Email: **UCC@NCSCREDIT.COM**

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## DEBTOR INFORMATION

Last Name: **FREEMAN** First: **EDWARD** Middle: **H.**

Mailing Address1: **10 ROSARIO DRIVE**

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

Org. Name: **FREEMAN'S FOOD SERVICE, INC.**

Org. Type: **CORPORATION** Jurisdiction: **RI** Org. ID: **000083363**

Mailing Address1: **10 ROSARIO DRIVE**

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

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## SECURED PARTY INFORMATION

Org. Name: **VISTAR CORPORATION**

Mailing Address1: **12650 E. ARAPAHOE ROAD BLDG. D**

City: **CENTENNIAL** State: **CO** ZIP: **80112** Country: **USA**

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TRANSACTION TYPE: **STANDARD**

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