

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:57478909**

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

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

DEBTOR INFORMATION

Org. Name: **DIVERSIFIED PRODUCTS INC.**

Mailing Address1: **1200 EDDY STREET**

City: **PROVIDENCE** State: **RI** ZIP: **02905** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **TD BANK, NA, AS SUCCESSOR BY MERGER TO TD BANKNORTH, NATIONAL ASSOCIATION**

Mailing Address1: **1701 ROUTE 70 EAST**

City: **CHERRY HILL** State: **NJ** ZIP: **08034** Country: **USA**

Org. Name: **TD BANKNORTH, NATIONAL ASSOCIATION**

Mailing Address1: **370 MAIN STREET**

City: **WORCESTER** State: **MA** ZIP: **01754** Country: **USA**

TRANSACTION TYPE: STANDARD

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