

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **MERIDIAN PRINTING, INC.**

Mailing Address: **1538 SOUTH COUNTY TRAIL**

City, State Zip Country: **EAST GREENWICH, RI 02818 USA**

SECURED PARTY INFORMATION

Org. Name: **ENGs COMMERCIAL FINANCE CO.**

Mailing Address: **P.O. BOX 128**

City, State Zip Country: **ITASCA, IL 60143-0128 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-68899046-56699460

COLLATERAL

THE FOLLOWING DESCRIBED EQUIPMENT, INCLUDING ALL ADDITIONS, REPLACEMENTS, ACCESSIONS, ACCESSORIES, ATTACHMENTS, SUBSTITUTIONS, EXCHANGES, IMPROVEMENTS, PARTS, REPLACEMENT PARTS, MANUALS AND REFERENCE BOOKS, SUPPLEMENTS, UPGRADES, THERETO AND THEREOF, HOWEVER DESIGNATED TOGETHER WITH ANY RELATED SOFTWARE LICENSE(S), SOFTWARE, AS MAY BE MODIFIED, CORRECTED, SUPPLEMENTED OR ENHANCED FROM TIME TO TIME, AND THE PROCEEDS RELATING THERETO (INCLUDING BUT NOT LIMITED TO CASH, INSURANCE PAYMENTS AND PROCEEDS, ETC.): ONE (1) - STANDARD HORIZON BQ- 480 PERFECT BINDER ONE(1) - STANDARD HORIZON HT-1000V THREE-KNIFE TRIMMER