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: **SHOPTECH INDUSTRIAL SOFTWARE CORP.**

Mailing Address: **400 E BUSINESS WAY**

City, State Zip Country: **CINCINNATI, OH 452413089 USA**

SECURED PARTY INFORMATION

Org. Name: **U.S. BANK EQUIPMENT FINANCE**

Mailing Address: **1310 MADRID STREET**

City, State Zip Country: **MARSHALL, MN 56258 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-70357244-57241958

COLLATERAL

1 COPIERS IMC3000 3108RB01117BAW; 1 COPIERS IMC2000 3088RC00181BAW; 1 COPIERS IMC2000 3088RC00185BAW; 1 COPIERS IMC2000 3088RC00190BAW; 1 COPIERS-CPC IMC3000 3108RB01117COL; 1 COPIERS-CPC IMC2000 3088RC00181COL; 1 COPIERS-CPC IMC2000 3088RC00185COL; 1 COPIERS-CPC IMC2000 3088RC00190COL; 1 PRINTERS SP4520DN T558HC03374BAW; 1 PRINTERS SP4520BAW T558HC03385BAW; 1 PRINTERS SP4520DN T558HC03388BAW; 1 PRINTERS SP4520DN T558HC03392BAW; 1 PRINTERS SP4520DN T558HC03399BAW; 1 PRINTERS SP4520DN T558HC03402BAW; 1 PRINTERS SP4520DN T558HC03406BAW; TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES: