

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: **BUILDING SYSTEMS TECHNOLOGIES, LLC**

Mailing Address: **16 BELLEVUE AVENUE**

City, State Zip Country: **NORTH PROVIDENCE, RI 02911 USA**

SECURED PARTY INFORMATION

Org. Name: **ORBIAN FINANCIAL SERVICES II, LLC**

Mailing Address: **2175 SALK AVENUE, SUITE 160**

City, State Zip Country: **CARLSBAD, CA 92008 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: SELLER-BUYER

CUSTOMER REFERENCE: RI-0-72525299-58081914

COLLATERAL

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