

UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **CHAUDHERY, INC.**

Mailing Address: **30 CHRISTINA GENE CIRCLE**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

SECURED PARTY INFORMATION

Org. Name: **7-ELEVEN, INC.**

Mailing Address: **PO Box 219088**

City, State Zip Country: **DALLAS, TX 75221-9088 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: :40271A 1804 68688

COLLATERAL

ALL OF DEBTOR'S RIGHT, TITLE AND INTEREST IN AND TO ANY AND ALL PROPERTY AND INTERESTS RELATING TO, AND THE FRANCHISE OF, 7-ELEVEN STORE #40271A 634 GEORGE WASHINGTON HWY, LINCOLN, RI, 02865 INCLUDING, WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, EQUIPMENT, FIXTURES, INVENTORY, SALES PROCEEDS, MONEY ORDER REVENUES, DISCOUNTS AND ALLOWANCES RECEIVED BY DEBTOR, LICENSES AND PERMITS USED IN CONNECTION WITH THE OPERATION OF THE STORE, MISCELLANEOUS INCOME AND ANY AND ALL PREMIUM AND GOING CONCERN VALUE RELATING TO THE STORE AND THE FRANCHISE, TOGETHER WITH ALL PROCEEDS OF THE FOREGOING.