

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **TRAVER CORPORATION**

*Mailing Address:* **299 ALLENS AVE**

*City, State Zip Country:* **PROVIDENCE, RI 02905 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

*Mailing Address:* **330 N BRAND BLVD, SUITE 700 ATTN: SPRS**

*City, State Zip Country:* **GLENDALE, CA 91203 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-74676207-58914158**

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## COLLATERAL

ALL ASSETS OF DEBTOR, INCLUDING WITHOUT LIMITATION, ALL OF THE FOLLOWING, WHETHER NOW OWNED OR HEREAFTER ARISING, CREATED OR ACQUIRED AND WHEREVER LOCATED: (A) ALL ACCOUNTS, (B) ALL INVENTORY, (C) ALL EQUIPMENT, (D) ALL GOODS, (E) ALL GENERAL INTANGIBLES, (F) ALL SOFTWARE AND INTELLECTUAL PROPERTY, (G) ALL CHATTEL PAPER, (H) ALL INSTRUMENTS, (I) ALL DOCUMENTS, (J) ALL INVESTMENT PROPERTY AND SECURITIES, (K) ALL COMMERCIAL TORT CLAIMS, (L) ALL LETTER OF CREDIT RIGHTS, (M) ALL REPLACEMENTS FOR, ADDITIONS TO SUBSTITUTIONS FOR AND ACCESSIONS TO ANY OR ALL OF THE FOREGOING, AND (N) ALL PROCEEDS OF ANY OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, PROCEEDS OF INSURANCE.