

# 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:* **GLENDAL, CA 91209-9071 USA**

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## DEBTOR INFORMATION

*Org. Name:* **GLOBAL CROSSING TELECOMMUNICATIONS, INC.**

*Mailing Address:* **1025 ELDORADO BOULEVARD**

*City, State Zip Country:* **BROOMFIELD, CO 80021 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **THE BANK OF NEW YORK MELLON TRUST COMPANY, N.A., AS COLLATERAL AGENT**

*Mailing Address:* **400 SOUTH HOPE STREET, SUITE 500, ATTN: CORP UNIT**

*City, State Zip Country:* **LOS ANGELES, CA 90071 USA**

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## TRANSACTION TYPE: TRANSMITTING UTILITY

**CUSTOMER REFERENCE: RI-0-74678519-58915085**

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## COLLATERAL

ALL ASSETS NOW OWNED AND HEREAFTER ACQUIRED AND ALL PROCEEDS THEREOF.