# 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:* **VIBCO, INC**

*Mailing Address:* **75 STILSON ROAD**

*City, State Zip Country:* **WYOMING, RI 02898-1027 USA**

## SECURED PARTY INFORMATION

*Org. Name:* **THE ROBERT E. MORRIS COMPANY**

*Mailing Address:* **910 DAY HILL RD**

*City, State Zip Country:* **WINDSOR, CT 06095 USA**

## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-74781358-58958681**

## COLLATERAL

(2) HARDINGE V480 APC. SERIAL NUMBERS CVLBK0035 & CVLBJ0036 AND ACCESSORIES