

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: **MOBILE GLASS WORKS LLC**

Mailing Address: **26 D MAIN ST**

City, State Zip Country: **ASHAWAY, RI 02804 USA**

SECURED PARTY INFORMATION

Org. Name: **FINANCIAL AGENT SERVICES**

Mailing Address: **P.O. BOX 2576**

City, State Zip Country: **SPRINGFIELD, IL 62708 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 1621756 1972 92206

COLLATERAL

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