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: **WILLIAM COLLINS COMPANY**

Mailing Address: **430 CENTRAL ST**

City, State Zip Country: **CENTRAL FALLS, RI 02863 USA**

SECURED PARTY INFORMATION

Org. Name: **DMG MORI USA INC**

Mailing Address: **2400 HUNTINGTON BLVD**

City, State Zip Country: **HOFFMAN ESTATES, IL 60192 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-79399945-60858277

COLLATERAL

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