

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: **UNIVERSAL SHAPED WIRE INC**

Mailing Address: **1 HORTON STREET**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Org. Name: **COFACTOR, LLC**

Mailing Address: **2711 CENTERVILLE ROAD, SUITE 400,**

City, State Zip Country: **WILMINGTON, DE 19808 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2109 26432

COLLATERAL

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