

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: **MARITIME TERMINAL, INC.**

Mailing Address: **276 MCARTHUR DR**

City, State Zip Country: **NEW BEDFORD, MA 02740 USA**

SECURED PARTY INFORMATION

Org. Name: **RAYMOND LEASING CORPORATION**

Mailing Address: **CORPORATE HEADQUARTERS P.O. BOX 130**

City, State Zip Country: **GREENE, NY 13778 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-80565062-61366400

COLLATERAL

ALL MATERIAL HANDLING EQUIPMENT AND ASSOCIATED ACCESSORIES, INCLUDING WITHOUT LIMITATION, LIFT TRUCKS, PALLET TRUCKS, ORDERPICKERS, BATTERIES AND CHARGERS, IN THE POSSESSION OF DEBTOR OR HEREAFTER ACQUIRED BY DEBTOR IN ACCORDANCE WITH EQUIPMENT MASTER LEASE SCHEDULE No. ____36052____ OR ANY SCHEDULE THEREUNDER.