

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: **E. A. KELLEY CO., RHODE ISLAND, INC.**

Mailing Address: **505 THORNALL STREET, SUITE 205**

City, State Zip Country: **EDISON, NJ 08837 USA**

SECURED PARTY INFORMATION

Org. Name: **MACQUARIE CAPITAL FUNDING LLC, AS COLLATERAL AGENT**

Mailing Address: **125 WEST 55TH STREET**

City, State Zip Country: **NEW YORK, NY 10019 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-81783389-61901909

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHETHER NOW OWNED OR EXISTING OR HEREAFTER ACQUIRED OR ARISING AND WHERESOEVER LOCATED, INCLUDING ALL ACCESSIONS THERETO AND PRODUCTS AND PROCEEDS THEREOF.