

UCC-3 Form - CONTINUATION

Original File Number: **010738**

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**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: SANTANDER BANK, N.A., FNA SOVEREIGN BANK

CUSTOMER REFERENCE: 0461 DEBTOR:UNITED CEREBRAL PALSY OF RHODE ISLAND, INC. 2238 25030
