

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **CSC**

*Email Contact at Filer:* **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **CSC**

*Mailing Address:* **801 ADLAI STEVENSON DRIVE**

*City, State Zip Country:* **SPRINGFIELD, IL 62703 USA**

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## DEBTOR INFORMATION

*Org. Name:* **ALCOR SCIENTIFIC LLC**

*Mailing Address:* **20 THURBER BOULEVARD**

*City, State Zip Country:* **SMITHFIELD, RI 02917 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **ANTARES CAPITAL LP, AS COLLATERAL AGENT**

*Mailing Address:* **500 WEST MONROE STREET, SUITE 1800**

*City, State Zip Country:* **CHICAGO, IL 60661 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 387132.00811 : 442773 2**

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## COLLATERAL

ALL ASSETS OF THE DEBTOR WHETHER NOW EXISTING OR HEREAFTER ARISING OR ACQUIRED, INCLUDING ALL PROCEEDS THEREOF.