

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **NO LIMIT TRUCKING, INC.**

*Mailing Address:* **23 LOUISE LUTHER DR**

*City, State Zip Country:* **CUMBERLAND, RI 02864 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **NAVITAS CREDIT CORP.**

*Mailing Address:* **201 EXECUTIVE CENTER DR STE100**

*City, State Zip Country:* **COLUMBIA, SC 29210 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 2288 49852**

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## COLLATERAL

2005 PETERBILT 379 SLEEPER 2XP5BD0X65M842742 [(EQUIPMENT) TOGETHER WITH ANY AND ALL REPLACEMENTS, REPLACEMENT PARTS, ACCESSIONS AND ATTACHMENTS NOW OR HEREAFTER MADE A PART OF ANY OF THE EQUIPMENT AND ALL PROCEEDS THEREOF. AS USED HEREIN, ACCESSIONS AND PROCEEDS SHALL HAVE THE MEANING AS SET FORTH IN THE UNIFORM COMMERCIAL CODE AS PRESENTLY ADOPTED IN THE JURISDICTION HEREOF.