

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: **UNION STUDIO ARCHITECTURE & COMMUNITY DESIGN, INC.**

Mailing Address: **160 MATTHEWSON STREET SUITE 201**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

Mailing Address: **330 N BRAND BLVD, SUITE 700; ATTN: SPRS**

City, State Zip Country: **GLENDALE, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-86201969-63704299

COLLATERAL

ALL EQUIPMENT LEASED, OR TO BE LEASED TO THE DEBTOR BY THE SECURED PARTY, UNDER THE TERMS OF THE LEASE SCHEDULE #155077 DATED 4-19-2022 TO MASTER LEASE AGREEMENT NUMBER 20185810 DATED 4-1-2021 INCLUDING WITHOUT LIMITATION, ALL PRODUCTS, PROCEEDS, ACCESSIONS, RENEWALS, REVISIONS AND SUBSTITUTIONS OF THE FOREGOING. THE EQUIPMENT DESCRIBED HEREIN IS OWNED BY AND IS THE PROPERTY OF THE SECURED PARTY AND IS LEASED TO THE DEBTOR IN A TRANSACTION WHICH DOES NOT CONSTITUTE A FINANCING TRANSACTION. THIS FILING IS MADE FOR INFORMATIONAL PURPOSES.