

# 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:* MICHAEL S. REILLY, DDS, LTD.

*Mailing Address:* 21 ROLFE SQ

*City, State Zip Country:* CRANSTON, RI 029102809 USA

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## SECURED PARTY INFORMATION

*Org. Name:* DE LAGE LANDEN FINANCIAL SERVICES, INC.

*Mailing Address:* 1111 OLD EAGLE SCHOOL ROAD

*City, State Zip Country:* WAYNE, PA 19087 USA

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE:** MICHAEL S. REILLY, DDS, LTD. 2329 57089

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## COLLATERAL

ALL EQUIPMENT LEASED OR FINANCED BY SECURED PARTY TO OR FOR DEBTOR PURSUANT TO SECURED PARTY'S CONTRACT NUMBER 500-50395393, TOGETHER WITH ALL ADDITIONS, ATTACHMENTS, ACCESSORIES AND SUBSTITUTIONS TO OR FOR THE SAME, AND ALL PROCEEDS OF THE FOREGOING. LEASE NUMBER 500-50395393