

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: APRIL.HOSKINS@FNF.COM

SEND ACKNOWLEDGEMENT TO

Contact name: FIDELITY NATIONAL TITLE INSURANCE COMPANY

Mailing Address: 601 RIVERSIDE AVENUE BLDG 5, 7TH FLOOR

City, State Zip Country: JACKSONVILLE, FL 32204 USA

DEBTOR INFORMATION

Org. Name: 55 DELTA DRIVE, LLC

Mailing Address: 301 ROUTE 17 NORTH, SUITE 406

City, State Zip Country: RUTHERFORD, NJ 07070 USA

SECURED PARTY INFORMATION

Org. Name: MINNESOTA LIFE INSURANCE COMPANY

Mailing Address: C/O SECURIAN ASSET MANAGEMENT, INC. 400 ROBERT STREET N, ATTN:MTG SERVING

City, State Zip Country: ST. PAUL, MN 55101-2098 USA

TRANSACTION TYPE: STANDARD

COLLATERAL

SEE EXHIBITS "A" AND "B" ATTACHED HERETO AND MADE A PART HEREOF.