

UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **NETWORK AND SIMULATION TECHNOLOGIES INCORPORATED**

Mailing Address: **1 CORPORATE PLACE**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

SECURED PARTY INFORMATION

Org. Name: **LIVE OAK BANKING COMPANY**

Mailing Address: **1741 TIBURON DRIVE**

City, State Zip Country: **WILMINGTON, NC 28403 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: :SAALEX CORP 2372 71376

COLLATERAL

SEE ATTACHED EXHIBIT A

Exhibit A

ALL TANGIBLE AND INTANGIBLE PROPERTY OF THE DEBTOR, WHEREVER LOCATED AND WHETHER NOW OWNED BY DEBTOR OR HEREAFTER ACQUIRED, INCLUDING, WITHOUT LIMITATION, THE FOLLOWING: (A) ALL ACCOUNTS; (B) ALL GENERAL INTANGIBLES; (C) ALL CHATTEL PAPER, DOCUMENTS AND INSTRUMENTS AND RIGHTS TO PAYMENT EVIDENCED THEREBY; (D) ALL INVENTORY AND GOODS; (E) ALL EQUIPMENT AND FIXTURES AND ACCESSIONS; (F) ALL INVESTMENT PROPERTY; (G) ALL DEPOSIT ACCOUNTS; (H) ALL LETTERS OF CREDIT AND LETTER OF CREDIT RIGHTS; (I) ALL COMMERCIAL TORT CLAIMS, SUPPORTING OBLIGATIONS, SOFTWARE AND MONEY; AND (J) ALL PARTS, REPLACEMENTS, SUBSTITUTIONS, PROFITS, PRODUCTS AND CASH AND NON-CASH PROCEEDS OF ANY OF THE FOREGOING (INCLUDING INSURANCE PROCEEDS PAYABLE BY REASON OF LOSS OR DAMAGE THERETO) IN ANY FORM AND WHEREVER LOCATED. COLLATERAL SHALL INCLUDE ALL WRITTEN OR ELECTRONICALLY RECORDED BOOKS AND RECORDS RELATING TO ANY SUCH COLLATERAL AND OTHER RIGHTS RELATING THERETO. ALL CAPITALIZED TERMS USED HEREIN SHALL HAVE THE MEANING SET FORTH IN THE UNIFORM COMMERCIAL CODE.