

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **GS INCORPORATED**

*Mailing Address:* **885 SOUTH MAIN STREET**

*City, State Zip Country:* **PASCOAG, RI 02859 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **DUPONT SPECIALTY PRODUCTS USA, LLC**

*Mailing Address:* **974 CENTRE ROAD**

*City, State Zip Country:* **WILMINGTON, DE 19805 USA**

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**TRANSACTION TYPE: STANDARD**

**ALTERNATIVE DESIGNATION: LESSEE-LESSOR**

**CUSTOMER REFERENCE: RI-0-88204031-64580821**

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## COLLATERAL

PURSUANT TO A CERTAIN CYRELÂ® SALES AGREEMENT (THE "AGREEMENT") BY AND BETWEEN GS INCORPORATED ("CUSTOMER") AND DUPONT SPECIALTY PRODUCTS USA, LLC ("DUPONT"), DUPONT WILL LOAN CERTAIN EQUIPMENT (THE "EQUIPMENT") TO GS INCORPORATED AS SUCH EQUIPMENT IS MORE PARTICULARLY DESCRIBED IN THE AGREEMENT, AS AMENDED FROM TIME TO TIME. TITLE TO THE EQUIPMENT WILL REMAIN WITH DUPONT.