

# 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:* **SEA FRESH U.S.A., INC.**

*Mailing Address:* **45 ALL AMERICAN WAY**

*City, State Zip Country:* **NORTH KINGSTOWN, RI 02852 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **HYG FINANCIAL SERVICES, INC.**

*Mailing Address:* **PO BOX 35701**

*City, State Zip Country:* **BILLINGS, MT 59107 USA**

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## TRANSACTION TYPE: STANDARD

**ALTERNATIVE DESIGNATION: LESSEE-LESSOR**

**CUSTOMER REFERENCE: 400-0006033-001 2403 73269**

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## COLLATERAL

ALL OF THE EQUIPMENT NOW OR HEREAFTER LEASED BY LESSOR TO LESSEE; AND ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS THERETO AND THEREFORE; AND ALL PROCEEDS INCLUDING INSURANCE PROCEEDS THEREOF.