

# 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: **FACILITY SOLUTIONS NE INC DBA FACILITY SOLUTIONS OF NEW ENGLAND /  
FACILITY SOLUTIONS NE / FSNE**

Mailing Address: **611 HIGH ST #442**

City, State Zip Country: **DEDHAM, MA 02026 USA**

Org. Name: **FACILITY SOLUTIONS NE INC.**

Mailing Address: **611 HIGH ST #442**

City, State Zip Country: **DEDHAM, MA 02026 USA**

Org. Name: **FACILITY SOLUTIONS NE CORPORATION**

Mailing Address: **611 HIGH ST #442**

City, State Zip Country: **DEDHAM, MA 02026 USA**

Org. Name: **FACILITY SOLUTIONS**

Mailing Address: **611 HIGH ST #442**

City, State Zip Country: **DEDHAM, MA 02026 USA**

Last Name (i.e. Family Name or Surname): **SMIDT** First Name: **PABLO** Middle Name: **DAMIAN**

Mailing Address: **54A WEDGE ROW**

City, State Zip Country: **NORTH PROVIDENCE, RI 02904 USA**

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## SECURED PARTY INFORMATION

Org. Name: **ASSN COMPANY**

Mailing Address: **PO BOX 2575; UCCSPREP@CSCGLOBAL.COM**

City, State Zip Country: **SPRINGFIELD, IL 62708 USA**

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## TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: **2429 04003**

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## COLLATERAL

ALL ACCOUNTS OF DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, AND ANY AND ALL PROCEEDS THEREOF.