

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: AMERICAN SAFETY PROGRAMS AND TRAINING, INC.

Mailing Address: 150 NANTIC AVENUE

City, State Zip Country: PROVIDENCE, RI 02907 USA

SECURED PARTY INFORMATION

Org. Name: ASSN COMPANY

Mailing Address: P.O. BOX 2576

City, State Zip Country: SPRINGFIELD, IL 62708 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2453 42023

COLLATERAL

ALL OF DEBTOR'S ASSETS NOW OWNED OR HEREAFTER ACQUIRED. THE SECURED PARTY NAMED IN THIS RECORD IS ACTING IN A REPRESENTATIVE CAPACITY FOR PURPOSES OF FORWARDING NOTICES AND INQUIRIES REGARDING THIS RECORD. FOR MORE INFORMATION, PLEASE CONTACT THE SECURED PARTY AT THE ADDRESS LISTED ABOVE OR AT UCCSPREP@CSCINFO.COM.