

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: **FORMEX, INC.**

Mailing Address: **3305 SOUTH COUNTY TRAIL**

City, State Zip Country: **EAST GREENWICH, RI 02818 USA**

SECURED PARTY INFORMATION

Org. Name: **MAKINO INC.**

Mailing Address: **7680 INNOVATION WAY**

City, State Zip Country: **MASON, OH 45040 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2461 88642

COLLATERAL

ONE (1) MAKINO MACHINE WITH SERIAL NUMBER: W140790, ALONG WITH ALL ATTACHMENTS AND ACCESSORIES.