

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: **D & H AUTO GROUP, INC.**

Mailing Address: **1783 ELMWOOD AVE**

City, State Zip Country: **WARWICK, RI 02888 USA**

SECURED PARTY INFORMATION

Org. Name: **THE HUNTINGTON NATIONAL BANK**

Mailing Address: **11100 WAYZATA BLVD, SUITE 700**

City, State Zip Country: **MINNETONKA, MN 55305 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 003-0755407-500 2491 75623

COLLATERAL

AUTOQUIP: ONE (1) BLOWTHERM WOLD DOWNDRAFT SPRAY BOOTH PACKAGE 9 TOGETHER WITH ALL ACCESSORIES, ATTACHMENTS, PARTS, REPAIRS, UPGRADES, ADDITIONS, AND REPLACEMENTS ATTACHED THERETO OR INCORPORATED THEREIN; ALL SOFTWARE EMBEDDED IN OR ACQUIRED IN AN INTEGRATED TRANSACTION WITH THE PROPERTY, AND ALL MODIFICATIONS, ADDITIONS AND REPLACEMENTS THERETO AND ANY SUBSTITUTIONS THEREFOR; AND ALL PROCEEDS OF ANY OF THE FOREGOING, INCLUDING WITHOUT LIMITATION ALL INSURANCE PROCEEDS, RENTS, CASH, ACCOUNTS, INSTRUMENTS AND CHATTEL PAPER RELATED THERETO OR ARISING THEREFROM. THE COLLATERAL DESCRIBED IN THIS FINANCING STATEMENT IS WITHIN THE SCOPE OF ARTICLE 9 OF THE UNIFORM COMMERCIAL CODE AS ADOPTED IN THE STATE WHERE IT IS FILED.