

UCC-3 Form - CONTINUATION

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FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

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SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: SANTANDER BANK, N.A. FNA
SOVEREIGN BANK, N.A.**

CUSTOMER REFERENCE: 0451 DEBTOR:ACCESS DENTAL CARE, P.C., INC. 2510 33300
