

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: ON-POINT PRESENTATION SERVICES, LLC

Mailing Address: 227 NORTH BROW STREET, UNIT B

City, State Zip Country: EAST PROVIDENCE, RI 02914 USA

SECURED PARTY INFORMATION

Org. Name: CITIZENS BANK, N.A.

Mailing Address: ONE CITIZENS PLAZA

City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2570 39667

COLLATERAL

THE FOLLOWING PROPERTY WHEREVER LOCATED, WHETHER NOW OWNED OR EXISTING OR HEREAFTER CREATED, ACQUIRED OR ARISING AND ANY AND ALL SUBSTITUTIONS AND/OR REPLACEMENTS THEREOF: CARTONI SPORT 200 TRIPOD WITH MASTER 65 HEAD MFR # KM65-S20; TOGETHER WITH ALL ATTACHMENTS, ACCESSORIES, ACCESSIONS, REPLACEMENTS, AND SUBSTITUTIONS THEREFORE, AS WELL AS ANY CASH AND NON-CASH PROCEEDS OF THE FOREGOING. ALSO INCLUDED ARE ANY AND ALL RECORDS OF, ACCESSIONS TO AND PRODUCTS AND PROCEEDS OF THE FOREGOING COLLATERAL. ALSO INCLUDED ARE THE PROCEEDS AND PRODUCTS OF THE ABOVE-REFERENCED COLLATERAL.