UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. BOX 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **OFFSHORE EXPRESS INC.**

Mailing Address: **65 PERSHING AVENUE**

City, State Zip Country: **WAKEFIELD, RI 02879 USA**

SECURED PARTY INFORMATION

Org. Name: **MERCHANTS BANK, NATIONAL ASSOCIATION**

Mailing Address: **4550 WEST 77TH STREET SUITE 140**

City, State Zip Country: **EDINA, MN 55435-2033 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-93658577-66879912

COLLATERAL

(1) 2024 HEIL DOT 406 AVB6 PETROLEUM TANK TRAILER - SERIAL NUMBER: 5HTSA442XR7128156, TOGETHER WITH ALL ATTACHMENTS INCLUDING ANY REPLACEMENTS THEREOF OR ACCESSIONS THERETO.