

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **HEINZ GROUP, INC.**

Mailing Address: **1369 OLD TOWN RD**

City, State Zip Country: **NEW SHOREHAM, RI 02807 USA**

SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM**

Mailing Address: **330 N BRAND BLVD, SUITE 700**

City, State Zip Country: **GLENDAL, CA 91203 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-93807306-66934339

COLLATERAL

ALL EQUIPMENT FINANCED OR LEASED BY THE SECURED PARTY TO THE DEBTOR.