

UCC-1 Form

FILER INFORMATION

Full name: **CSC**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CSC**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

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

DEBTOR INFORMATION

Org. Name: **SAG MULTISERVICES LLC**

Mailing Address: **688 CRANSTON ST**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Last Name (i.e. Family Name or Surname): **MORA** First Name: **SENIA**

Mailing Address: **47 PROSPECT ST #01**

City, State Zip Country: **CRANSTON, RI 02910 USA**

SECURED PARTY INFORMATION

Org. Name: **VIAMERICAS CORPORATION**

Mailing Address: **2100 PONCE DE LEON BOULEVARD PH-2**

City, State Zip Country: **CORAL GABLES, FL 33134 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: **2633 45728**

COLLATERAL

THE COLLATERAL IN WHICH AGENTS/DEBTORS GRANTS VIAMERICAS CORPORATION A SECURITY INTEREST CONSISTS OF ALL AGENT'S/DEBTOR'S PRESENTLY OWNED, FUTURE AND HEREAFTER ACQUIRED ACCOUNTS, CHATTEL PAPER, NEGOTIABLE INSTRUMENTS INCLUDING, BUT NOT LIMITED TO, CHECKS, CASH, CASH DEPOSIT ACCOUNTS, INVENTORY, FURNITURE, TRADE FIXTURES, EQUIPMENT, PREMISES LEASE, AND GENERAL TANGIBLES AND INTANGIBLES WHERESOEVER LOCATED, TOGETHER WITH ALL OF THE PROCEEDS AND PRODUCTS OF EACH, INCLUDING, BUT NOT LIMITED TO, THE PROCEEDS PAYABLE UNDER AND UPON ANY INSURANCE POLICIES INSURING ANY OF THE AFOREMENTIONED COLLATERAL AGAINST LOSS.