

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **CALYX RETROFIT, LLC**

*Mailing Address:* **111 MIDDLE STREET**

*City, State Zip Country:* **LINCOLN, RI 02865 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **SECURED LENDER SOLUTIONS**

*Mailing Address:* **P.O. BOX 2576**

*City, State Zip Country:* **SPRINGFIELD, IL 62708 USA**

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 2665 45078

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## COLLATERAL

ALL OF DEBTOR'S ASSETS NOW OWNED OR HEREAFTER ACQUIRED. THE SECURED PARTY NAMED IN THIS RECORD IS ACTING IN A REPRESENTATIVE CAPACITY FOR PURPOSES OF FORWARDING NOTICES AND INQUIRIES REGARDING THIS RECORD. FOR MORE INFORMATION, PLEASE CONTACT THE SECURED PARTY AT THE ADDRESS LISTED ABOVE OR AT [UCCSPREP@CSCINFO.COM](mailto:UCCSPREP@CSCINFO.COM).