

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: **APPLIED PLASTICS TECHNOLOGY, INC.**

Mailing Address: **45 BROADCOMMON ROAD**

City, State Zip Country: **BRISTOL, RI 02809 USA**

SECURED PARTY INFORMATION

Org. Name: **MAZAK CORPORATION**

Mailing Address: **8025 PRODUCTION DRIVE**

City, State Zip Country: **FLORENCE, KY 41042 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-96917525-68313969

COLLATERAL

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