

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: **SCHROFF TECHNOLOGIES INTERNATIONAL, INC.**

Mailing Address: **376 DRY BRIDGE ROAD, SUITE H1**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

SECURED PARTY INFORMATION

Org. Name: **ECLIPSE BUSINESS CAPITAL LLC, AS AGENT**

Mailing Address: **333 WEST WACKER DRIVE, SUITE 950**

City, State Zip Country: **CHICAGO, IL 60606 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-97921007-68743206

COLLATERAL

ALL PROPERTY OF DEBTOR, WHETHER TANGIBLE OR INTANGIBLE, REAL OR PERSONAL, NOW OR HEREAFTER OWNED, EXISTING, ACQUIRED OR ARISING AND WHEREVER NOW OR HEREAFTER LOCATED.