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: **GNI WEST WARWICK, INC.**

Mailing Address: **929 PROVIDENCE ST**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

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

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-98668365-69095721

COLLATERAL

THE EQUIPMENT, INVENTORY, AND PERSONAL PROPERTY RELATED THERETO FINANCED UNDER, COVERED BY OR DESCRIBED IN THE LEASE, RENTAL, EQUIPMENT FINANCE AGREEMENT OR INSTALLMENT PAYMENT AGREEMENT DESIGNATED AS AGREEMENT NO. 2780547 (COLLECTIVELY, "COLLATERAL"), TOGETHER WITH ALL REPLACEMENTS FOR, ADDITIONS TO, SUBSTITUTIONS FOR AND ACCESSIONS TO THE COLLATERAL AND ALL PROCEEDS OF ANY OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, PROCEEDS OF INSURANCE. A MORE DETAILED DESCRIPTION OF THE COLLATERAL IS MAINTAINED BY SECURED PARTY/LESSOR IN ITS BOOKS AND RECORDS AND MAY BE MADE AVAILABLE UPON REQUEST TO THE SECURED PARTY/LESSOR.