

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **M & J SUPPLY Co., INC.**

*Mailing Address:* **2900 7TH AVENUE EAST, SUITE 200**

*City, State Zip Country:* **TAMPA, FL 33605 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **WELLS FARGO BANK, NATIONAL ASSOCIATION, AS ADMINISTRATIVE AGENT**

*Mailing Address:* **P.O. Box 760776, MAC T7422-012**

*City, State Zip Country:* **SAN ANTONIO, TX 78245 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: [2029724-2085] 47542710-14**

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## COLLATERAL

ALL ASSETS OF THE DEBTOR NOW OWNED OR AT ANY TIME HEREAFTER ACQUIRED OR IN WHICH DEBTOR NOW HAS OR AT ANY TIME IN THE FUTURE MAY ACQUIRE ANY INTEREST AND ALL PROCEEDS THEREOF.