

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **TECHNOLOGY ADVISORY GROUP, LLC**

Mailing Address: **250 CENTERVILLE ROAD BLDG F15**

City, State Zip Country: **WARWICK, RI 02886 USA**

SECURED PARTY INFORMATION

Org. Name: **TD SYNEX CAPITAL, LLC**

Mailing Address: **5350 TECH DATA DRIVE**

City, State Zip Country: **CLEARWATER, FL 33760 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-99705952-69593575

COLLATERAL

THIS FILING COVERS THE EQUIPMENT DESCRIBED ON INSTALLMENT PAYMENT AGREEMENT NO. TDC40-A0503-A10 DATED JULY 10, 2024 TOGETHER WITH ALL REPLACEMENTS, SUBSTITUTIONS, PARTS, IMPROVEMENTS, REPAIRS, AND ACCESSORIES AND ALL ADDITIONS INCORPORATED THEREIN OR AFFIXED THERETO AND ALL PROCEEDS THEREOF.