

# UCC-1 Form

## FILER INFORMATION

Full name:

Email Contact at Filer: SHARONWILLIAMS@MVALAW.COM

## SEND ACKNOWLEDGEMENT TO

Contact name: MOORE & VAN ALLEN PLLC

Mailing Address: 100 N. TRYON STREET, SUITE 4700

City, State Zip Country: CHARLOTTE, NC 28202 USA

## DEBTOR INFORMATION

Org. Name: KNIGHT OPTICAL (USA), LLC

Mailing Address: 1130 TEN ROD ROAD, SUITE D-102

City, State Zip Country: NORTH KINGSTON, RI 02852 USA

## SECURED PARTY INFORMATION

Org. Name: SEACOAST NATIONAL BANK

Mailing Address: 815 COLORADO AVENUE

City, State Zip Country: STUART, FL 34994 USA

## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: FILED WITH RHODE ISLAND SECRETARY OF STATE

## COLLATERAL

ALL ASSETS OF THE DEBTOR.