

# UCC-1 Form

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## FILER INFORMATION

*Full name:* CORPORATION SERVICE COMPANY

*Email Contact at Filer:* RISOSUCCFILINGSV3@CSCGLOBAL.COM

## SEND ACKNOWLEDGEMENT TO

*Contact name:* CORPORATION SERVICE COMPANY

*Mailing Address:* 801 ADLAI STEVENSON DRIVE

*City, State Zip Country:* SPRINGFIELD, IL 62703 USA

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## DEBTOR INFORMATION

*Org. Name:* UNIVERSITY ORTHOPEDICS, INC.

*Mailing Address:* PO BOX 1119

*City, State Zip Country:* PROVIDENCE, RI 02901 USA

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## SECURED PARTY INFORMATION

*Org. Name:* CANON FINANCIAL SERVICES, INC.

*Mailing Address:* 158 GAITHER DRIVE SUITE 200

*City, State Zip Country:* MT. LAUREL, NJ 08054 USA

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 2919 53088

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## COLLATERAL

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