

UCC-1 Form

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

DEBTOR INFORMATION

Org. Name: BOULEVARD NURSERIES, INC.

Mailing Address: 1105 E MAIN RD.

City, State Zip Country: MIDDLETOWN, RI 02842 USA

SECURED PARTY INFORMATION

Org. Name: ZAXIS FINANCIAL SERVICES AMERICAS, LLC

Mailing Address: 11675 RAINWATER DR., NORTHWINDS 6 SUITE 225

City, State Zip Country: ALPHARETTA, GA 30009 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2933 59163

COLLATERAL

EQUIPMENT: ALL EQUIPMENT DESCRIBED BELOW TOGETHER WITH ALL PARTS, ACCESSORIES, ATTACHMENTS, SUBSTITUTIONS, REPAIRS, IMPROVEMENTS, AND REPLACEMENTS AND ANY AND ALL PROCEEDS THEREOF, INCLUDING WITHOUT LIMITATION, INSURANCE PROCEEDS. 2024 HITACHI ZW80-5B WHEEL LOADER S/N RYUNCH60E00006147 TO INCLUDE QUICK COUPLER S/N 666619; QUICK COUPLER BUCKET S/N 2T23113928