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

DEBTOR INFORMATION

Org. Name: **SAINT-GOBAIN PERFORMANCE PLASTICS CORPORATION**

Mailing Address: **386 METACOM AVE**

City, State Zip Country: **BRISTOL, RI 02809 USA**

SECURED PARTY INFORMATION

Org. Name: **DMG MORI USA INC**

Mailing Address: **2400 HUNTINGTON BLVD**

City, State Zip Country: **HOFFMAN ESTATES, IL 60192 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-101392809-70375635

COLLATERAL

1 X NLX 2500 MACHINE, SN NL2572310A2, INCLUSIVE OF ALL ACCESSORIES & COMPONENTS