

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

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

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

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

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## SECURED PARTY INFORMATION

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

*Mailing Address:* **5350 TECH DATA DRIVE**

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

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-101505700-70426786**

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## COLLATERAL

THIS FILING COVERS THE EQUIPMENT DESCRIBED ON AGREEMENT NUMBER TDC40-A0503-A12 DATED 11/06/2024 TOGETHER WITH ALL REPLACEMENTS, SUBSTITUTIONS, PARTS, IMPROVEMENTS, REPAIRS, AND ACCESSORIES AND ALL ADDITIONS INCORPORATED THEREIN OR AFFIXED THERETO AND ALL PROCEEDS THEREOF.