

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: OCEAN STATE EYE CARE, INC.

Mailing Address: 1050 CENTERVILLE RD

City, State Zip Country: WARWICK, RI 02886 USA

SECURED PARTY INFORMATION

Org. Name: DE LAGE LANDEN FINANCIAL SERVICES, INC.

Mailing Address: 1111 OLD EAGLE SCHOOL ROAD

City, State Zip Country: WAYNE, PA 19087 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2975 35838

COLLATERAL

ALL EQUIPMENT OF ANY MAKE OR MANUFACTURE FINANCED BY OR LEASED TO DEBTOR BY SECURED PARTY UNDER CONTRACT NUMBER 500-50682667, TOGETHER WITH ALL COMPONENTS, ADDITIONS, UPGRADES, ATTACHMENTS, ACCESSIONS, SUBSTITUTIONS, REPLACEMENTS AND PROCEEDS OF THE FOREGOING.