

UCC-1 Form

FILER INFORMATION

Full name: **COMPLETE CAPITAL SERVICES, INC.**

Email Contact at Filer: **ADMINISTRATION@COMPLETECAPITALSERVICES.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **COMPLETE CAPITAL SERVICES, INC.**

Mailing Address: **22811 GREATER MACK AVE., SUITE 203**

City, State Zip Country: **SAINT CLAIR SHORES, MI 48080 USA**

DEBTOR INFORMATION

Org. Name: **ADVANCED INTERCONNECTIONS CORPORATION**

Mailing Address: **5 ENERGY WAY**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

SECURED PARTY INFORMATION

Org. Name: **COMPLETE CAPITAL SERVICES, INC.**

Mailing Address: **22811 GREATER MACK AVE., SUITE 203**

City, State Zip Country: **SAINT CLAIR SHORES, MI 48080 USA**

ASSIGNEE INFORMATION

Org. Name: **SUMMIT FUNDING GROUP, INC.**

Mailing Address: **4680 PARKWAY DRIVE, SUITE 300**

City, State Zip Country: **MASON, OH 45040 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 9266

COLLATERAL

ONE (1) STAR SB-12R TYPE G MACHINE WITH FANUC TWO YEAR SERVICE CONTRACT INCLUDING ALL ACCESSORIES AND/OR OPTIONS, ONE (1) LNS HYDROBAR TRYTON 112 12' AUTOMATIC BAR FEEDER WITH "COMBO" BARREL