

# UCC-1 Form

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## 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

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## DEBTOR INFORMATION

*Org. Name:* EASTLAND FOOD PRODUCTS, INC.

*Mailing Address:* 69 FLETCHER AVE

*City, State Zip Country:* CRANSTON, RI 02920 USA

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## SECURED PARTY INFORMATION

*Org. Name:* HYG FINANCIAL SERVICES, INC.

*Mailing Address:* PO BOX 35701

*City, State Zip Country:* BILLINGS, MT 59107 USA

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## TRANSACTION TYPE: STANDARD

**ALTERNATIVE DESIGNATION:** LESSEE-LESSOR

**CUSTOMER REFERENCE:** 400-0010414-000 2998 73165

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## COLLATERAL

ALL OF THE EQUIPMENT NOW OR HEREAFTER LEASED BY LESSOR TO LESSEE; AND ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS THERETO AND THEREFORE, AND ALL PROCEEDS INCLUDING INSURANCE PROCEEDS THEREOF.