

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: **CAPITAL AUTO SALES, INC.**

Mailing Address: **5 MOWRY AVENUE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

SECURED PARTY INFORMATION

Org. Name: **ACV CAPITAL LLC**

Mailing Address: **640 ELLICOTT ST SUITE 321**

City, State Zip Country: **BUFFALO, NY 14203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 3045 27890

COLLATERAL

WHETHER NOW OWNED OR EXISTING OR HEREAFTER ACQUIRED OR ARISING, AND WHERESOEVER LOCATED, ANY AND ALL OF DEBTOR'S ASSETS, INCLUDING, WITHOUT LIMITATION, ALL ACCOUNTS, EQUIPMENT, INVENTORY, VEHICLES, GENERAL INTANGIBLES, GOODS, DEPOSIT ACCOUNTS, DOCUMENTS, INSTRUMENTS, FIXTURES, MONIES, INVESTMENT PROPERTY, LETTER-OF-CREDIT RIGHTS AND CHATTEL PAPER, ALL SUPPORTING OBLIGATIONS, AND ALL OF THE PRODUCTS AND PROCEEDS THEREFROM.