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: **CENTRAL NURSERIES, INC.**

Mailing Address: **1155 ATWOOD AVE**

City, State Zip Country: **JOHNSTON, RI 02919-4934 USA**

SECURED PARTY INFORMATION

Org. Name: **JCB FINANCE**

Mailing Address: **655 BUSINESS CENTER DRIVE SUITE 250**

City, State Zip Country: **HORSHAM, PA 19044 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 3095 72160

COLLATERAL

THE COLLATERAL INCLUDES THE DEBTOR'S ITEMS OF EQUIPMENT, INVENTORY, SOFTWARE, AND/OR FIXTURES THAT ARE DESCRIBED BELOW OR IN THE ATTACHED ADDENDUM, ALL GENERAL INTANGIBLES, SOFTWARE AND GOODS RELATING TO, ARISING FROM OR EMBEDDED IN ANY OF THE FOREGOING, ALL SUPPORTING OBLIGATIONS OF ALL OF THE FOREGOING, AND ALL CASH AND NONCASH PROCEEDS AND PRODUCTS (INCLUDING WITHOUT LIMITATION INSURANCE PROCEEDS) OF ALL OF THE FOREGOING, AND ALL ADDITIONS AND ACCESSIONS THERETO, SUBSTITUTIONS THEREFOR AND REPLACEMENTS THEREOF, IN EACH CASE WHETHER NOW EXISTING OR HEREAFTER ACQUIRED OR ARISING AND WHEREVER LOCATED: QTY 1) JCB 1CXT BACKHOE LOADER S/N 3361929